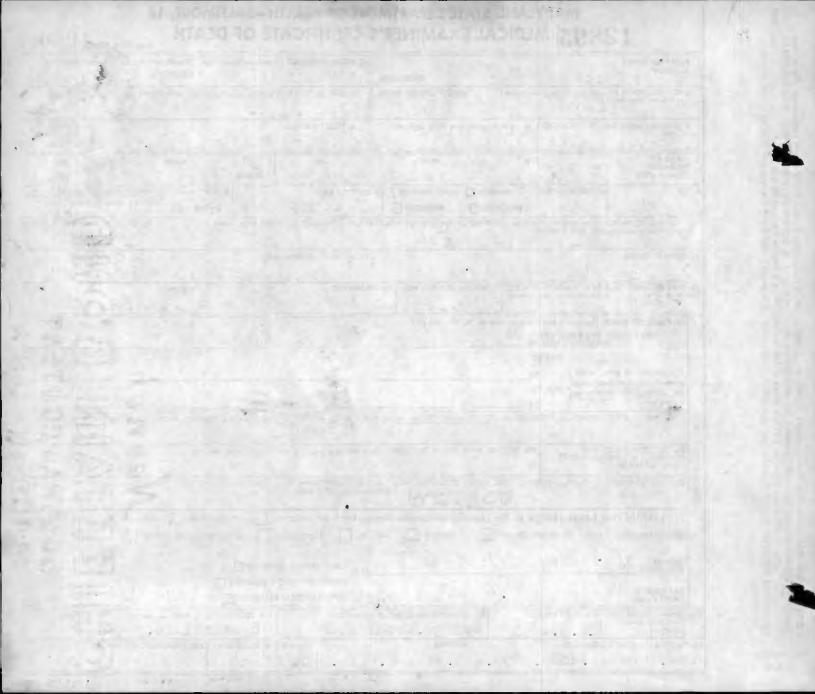
ay is necessary, please exergetor. Page 4 should be TO L. MEDICAL EXAMINER: This certificate stauld be executed within 24 hours ofter death. If any any is necessary, please exemine well-recorded to the fund. Perfectly writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the fund. Pector. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your contraction. or remayal

> VS. A15ME(5) 5M 9/55

6

	12895 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
).	PLACE OF DEATH  a. COUNTY  Prince  10. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence barbay admission)  a. STATE  b. COUNTY  b. COUNTY  COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown)  Conditive nearest fewn)  Conditive nearest fewn)  Conditive nearest fewn)
9	d. NAME OF MOSPITAL OR INSTITUTION (If not in pospital, give street address)  On A FARM?  Prince Les Depural (2018 notal and yes 100 no see
3.	NAME OF DECEASED (Type or print) FLOYD ALLEN ADAMS DEATH NOT 30 19 Get
5.	SEX MONTHS DOYS HOURS MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours loss bridge) WIDOWED DIVORCED Zeft 26/9/1 Fig. Wonths Doys Hours Min.
10	a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS, OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Policy of working life, even if retired)  Place State  Ungune
13	LEEW ADAMS FATHER'S MOTHER'S M
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT of 19 year, give wor or dodes of services 504.09.9642 Marie aline - as obove
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART 2. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)
	Conditions, if ony, which) (b)
	gove rise to immediate cause (a), stating the underlying cause last.  DUE TO
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \text{NO.} \)  NO. \( \text{NO.} \)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40s. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry , and find that death resulted from: Notural causes . Accident . Suicide . Hamicide . Undetermined cause .
	ACTUAL SIGNATURE DOUGHAN OWATER M.D. CHIEF MEDICAL EXAMINER ( ) DATE SIGNED
	EXAMINER'S NAME (Type) DX YTON O WATKINS DEPUTY MEDICAL EXAMINER 11-30-60
22	6. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY EMOVAL (Specify) 12.3.1960 George. Washington Hyattsville. Md
COLUMN TO SERVICE	Lee.Funeral.Home. 300.4th.st N E.Wash.D Cardec 2 '60 Carling & Home

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



LTIMORE 1, MARYLAND

			OF STATISTICAL KESEARCH AND RECORDS - BY	à
Ł	289	0	CERTIFICATE OF DEAT	ė
	CAM	2.3	CERTIFICATE OF DEAT	ı
k.	LA 1 1 6 1	17		

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	エをいるり	GERTITIOA	IL OI, DEATH						
1. PLACE OF DEATH o. COUNTY	Prince Georg	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Md.	6 COUNTY	dence before admission) ince Georges				
b. CITY OR TOWN RURAL and give r Cheven	(If outside corporate limits, nearest town)		c. CITY OR TOWN (If outside corpo						
	ITAL (If not in haspital, give	e street address) ges General Hospit	d. STREET ADDRESS	ce,	e. IS RESIDENCE ON A FARM? YES NO IN				
3. NAME OF DECEASED	First	Middle	Lost 4. DATE OF	Month	Day Year				
(Type or print)	Joseph	L.	ST HOOT ONE	Movember	DER TYEAR IF UNDER 24 HR				
Male	1	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH NOV. 30., 1920	9. AGE (in years IF UNE lost birthday) 39 yrs.					
during most of wa	ION (Give kind of work do rking life, even if retired) artender	Restaurant	TRY 11. BIRTHPLACE (State or foreign of Washington		CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME	0.011.00		14. MOTHER'S MAIDEN NAME		J 11				
,	Francis Arms	trona	Mary O' Donne	-11					
		S? 16. SOCIAL SECURITY NO. 17, IN	Mildred A Armstr	Address	leasant, Md.				
153	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e per line for (0). (b) and (c).]	al curunoma	loses	INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if gove rise to couse (a), stating lying couse last	immediate DUE TO	( Jacobs Ca	a of large von	oex					
PART II. OT	THER SIGNIFICANT CONDI	tions <u>contributing to death</u> but	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN I	PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO				
	AS UNDERLYING AS CAUSE OF DEATH Y MEDICAL EXAMINER)	6. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Po	rt II of item 18.)					
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. p. m. 19 of work o								
	21. I certify that (I) (this haspital) attended the deceased from 5-31-6, 1960, to 11-3-1960 that (I) (we) last saw the deceased alive on 11-2, 1960, and that death accurred at 24M, from the causes and an the date stated above.								
226. SIGNATURE	nne CB.	STAFF PHYS.	11-3-60 SIGNE						
22c. PHYSICIAN'S NAME (Type)	Jeanne	C Bateman	22d. ADDRESS 940-2	5STNW	Wash I D				
Burial (Specific		23c. NAME OF CEMETERY O		TION (City, town, or count	ty) (Stote)				
24. FUNERAL DIRECTO		ADDRESS Md.	250. REC'D BY REGIS	TRAR 256 REGISTRAR'S	PSIGNATURE				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filted with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

CHANGALE DAVISION, to her a time. the transfer tem to compare texture to the state of the s are from rable to research with makes a new York war a safety . Margelland and Margelland .

FOR STATE HEALTH DEP please execute the certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Madical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transil permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriel, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12897 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12864

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	a. COUNTY GEORGE MARYLAND	a. STATE MENERAL B. COUNTY
	b. CITY OR TOWN (if outside corporate imits, c. LENGTH OF STAY IN 18	The state of the s
/	(Cerely Clean orre	A Hyalloulle
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET APPRESS  O. IS RESIDENCE ON A FARM?
	Prince Georger Several Hospit	4706-68 Place YES NO F
	3. NAME OF DECEASED Middle	Last 4. DATE Month Day Year
	(Type or print) anne For T	Jamett DEATH now 17 19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.
	Formule White WIDOWED   DIVORCED	march 26, 1916 LLL yrs. Months Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Clerk 4-S. Garsmin	1 Jennessee n. S-le
	A3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	andrew Walton King	Carrie Whitten
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT
	Two states and the states are the st	greppe J. Jamelt some as #1
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ulmoney edonia
	DUE TO	
	Conditions, if any, which (b)	enere Coroner artirlopalena
	gava rise to immadiate causa (a), stating the underlying DUE TO	
	cause last. (c) hetert Ch	3 860 8
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CCAT	YES NO
	PRIMARY OF CONTRIBUTING	(Enter nature of injury in Part I or Part II of item 18.)
		LACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata) actory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above,	
	death resulted from: Natural causes . Accident . Su	ricide
L	ACTUAL A STATE A STATE OF	CHIEF MEDICAL EXAMINER
	SIGNATURE DE LA SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S JAMES I BOW	DEPUTY MEDICAL EXAMINER
Ü	228. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY	Addrass (Streat, city, town, or county)  OCCEANDES  22d. LOCATION (City, town, or country)  (State)
1	Burial Nov 19, 1960 George Wash	77
3	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville, Md.	DAMOV 23 '60 Outland & Knowl

CONTRACTOR OF THE RESERVE OF THE PARTY OF TH Louisian Control to a will with the group many agreem that the factor . La . attack to the man of as-The same of the same

# TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves after death; Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs offer again.

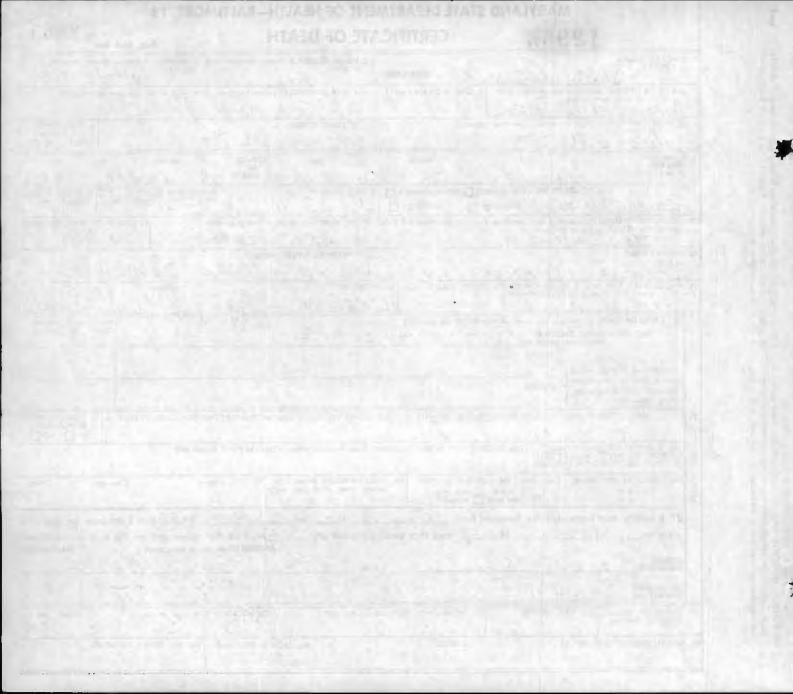
VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12966

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 12865

1		PLACE OF DEAPH) 2.1	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1		O. COUNTY PRINCE GEORGE MARYLAND	O. STATE MD. B. COUNTY PRINCE GEG.
1	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		MARYLAND HARK	MARYLAND PARK
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR/INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Y		403-65th ST.	403-65th Dr. ON A FARM?
3	3. 1	NAME OF First Middle	Last 4. DATE Month Day Year
		(Type or print) HANNAH- E. BA	TTERS DEATH NOVEMBER 7 1960
	5. 5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA	ATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost, birthdoy)  Months Down More
	1	FEMALE WHITE WIDOWED DIVORCED   J	ULY 3, 1878 lost birthdoy) Months Days Hours Min.
	10a	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1		Trouse WIFE	NEW JERSEY 4.S.A.
	13.	3. FATHER'S NAME	MOTHER'S MAIDEN NAME
		THOMAS TARROW GARTON	LYDIA MAKY OMALLWOOD
		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INEOR	
		NO NO CA	ROLYN L. GALE 403-65 PK, MD.
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	(DAUGHTO) INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARCINOMA, LA	EFT BREAST, WITH METASTERS Syca
		DUE TO	
		Conditions, if ony, which ) (b)	
		gove rise to immediate DUE TO	
	-	lying cause lost. (c)	
	20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
1	CATION		PERFORMED? YES NO
	CERTIFI	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (En	ter noture of injury in Part I or Part II of item 18.]
1			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE C	OF INJURY (Home, form, 20f. (City or town) (County) (Stote) street, office bldg., etc.)
	MEE	Pour a. m. While Not while tactory, of work of work	mress, other close, ere.
		21. I certify that I attended the deceased from The second	, 19.5/, to New 7, 1960, that I last saw the deceased
		alive an Nov 5 1960 and that death acc	surred at 50AM, from the causes and an the date stated above.
	2.1	6 200	ADDRESS (Street, city or town, stote) DATE SIGNED
ı		SIGNATURE ML 7 COMMESSION M.D.	4400 BOWEN KD SE
ř.		PHYSICIAN'S FORMST F PARTIES	
		NAME [Type] LIVIL 31 L. CORNELSEN	WASHINGTON 19,00
	220	20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CRE	MATORY 22d LOCATION (City, town, or county) (Stole)
		11-10-60 amor	Mayor Landens My
	23.	J. Wm Lees Son's Co 300-4th st	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	7	J. Wm Lees Amore 300-4th st	DATENOV 9 '60 arthur S. Atrace

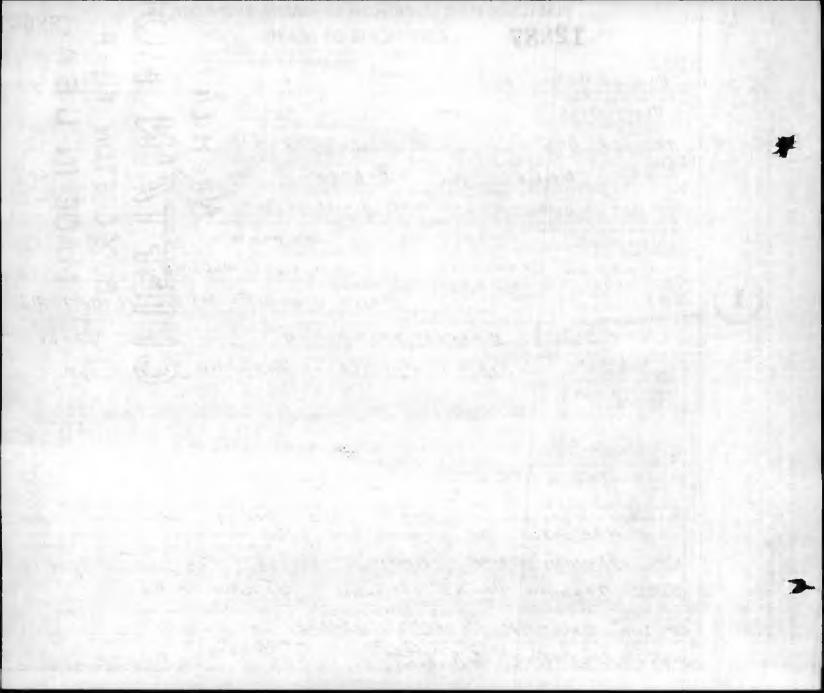


VS A1S (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12866

	12887	CERTIFICA	ATE OF DEATH	Reg.	1200 Dist. No.
1. PLACE OF DEATH O. COUNTY PRINCE		MARYLAND	2. USUAL RESIDENCE (Where on STATE ML	deceased lived. If institution: Resi b. COUNTY PAIN	dence before admission)
RURAL and give r	(If outsite corporate limits, write nearest town)  5 VI.L. L. C	c. LENGTH OF STAY IN 16	- h //	te corporate limits, write RURAL a	nd give rearest town
d. NAME OF HOSPI OR INSTITUTION 903 Co		t oddress)	1903 Cox A	ve.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Nelli e	Middle B		DATE Month OF DEATH	Day Year
Female	- v 1	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  A11 9 30 1872	9. AGE (In years lost birthday) Month	DER 1 YEAR IF UNDER 24 HRS. hs Doys Hours Min.
100. USUAL OCCUPATION during most of work	ON (Give kind of work done 10th rking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or for		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	r R. WILL	IAMS	14. MOTHER'S MAIDEN NAMI	Mechung	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16 [If yes, give wor or dates of service]		NFORMANT AYNE BENELIC	T 903 Cox A	ve Hyarrs Ma
	immediate (	non cho pr	enmonia Candio Vasc	wean Disen	INTERVAL BETWEEN ONSET AND DEATH 7 days
lying couse lost.  PART II. OT	(c)		NOT RELATED TO THE TERMINAL  D. (Enter noture of injury in Port	DISEASE CONDITION GIVEN IN I	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJU  Hour a.m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Year 20d, Whil	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 2 ctory, street, office bldg., etc.)		(County) (State)
21. I certify it alive an	Nonman D	const / Com	M.D. 350	from the causes and an RESS (Street, city or town, stote)  3	last saw the deceased the date stated abave.  DATE SIGNED  11/24/64
	ON, 226. DATE THEREOF	22c, NAME OF CEMETERY OF	REMATORY 22d	LOCATION (City, town, or country ITLAND MD	ty) (State)
23. FUNERAL DIRECTOR	R'S SIGNATURE A	ADDRESS /1' ST	24g, REC'D BY	REGISTRAR 246. REGISTRAR'S	CICNIATURE



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, If institution: Rasidence balogs admission) a. COUNTY e. STATE b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) director. punta RURAL and guya nearest fowa matained he State E 3. NAME OF DECEASED the (Type or print) DEATH COLOR OR RACE 7. MARRIED THEVER MARRIED 1 8. DATE OF BIRTH AGE (In years lest-birthday Months DIVORCED WIDOWED USUA. OCCUPATION 'Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dons, during most of working I fa 'evan if retired' useur pages | within 13. FATHER'S NAME MOTHER'S MAIDEN NAME form IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFOR (Yes, no or unkown) | (Ifyesgivewerordatesofservice) NU 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 00 2X DUE TO Conditions, if any, which (b) gava risa to immediate ceuse DUE TO (a), slating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1-CERTIFICATION PERFORMED? NO [ plno 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enlar-mainte of injury in Part I or Part II of itam 18.) PRIMARY TO OF CONTRIBUTING T CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dey, Year (State) fectory, streat, office bldg., etc.) While Not While Hour a.m. et work el Work prìor 21. I certify that I took charge of the remains described above, held an Autopsy | 1 Inspection | and in my opinion 0 PUNERAL DIRECT death resulted from. Natural causes Accident Suicide Homicide Undetermined manner forwarde L DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE M.D. DEPUTY DEPUTY MEDICAL EXAMINER W EXAMINER'S NAME (Type) Address (Street, city, Iown, or county) ₩S60 228. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) o o mar Coraleca **FUNERAL DIRECTOR** 24e. RECID BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 2 8 '60 VS. ASSME arthur & throng 5M 7/59

ND STATE DEPARTMENT OF HEALTH



W. PRESTON STREET, BALTIMORE 1, MARYLAND
RTIFICATE OF DEATH RECORDS, 301 FOR STATE **EXAMINER'S** CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, if Institution: Residence before edmission) Page e. COUNTY D. COUNTY files MARYLAND OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If out the corporate limits, write RURAL and give neerest lown RURAL and give geerest town) ö ON A FARM? YES NO E NAME OF DECEASED (Type or print) DEATH NOU IF UNDER 24 HRS B. DATE OF BIRTH OR RACE T. MARRIED AGE (In years , IF UNDER 1 YEAR NEVER MARRIED last birthday! Months Devs Hours 0 DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) Pages M3. Pa HOUSE WISE MORE Eile-pages 13. FATHER'S NAME form PM3. ent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 [Yes, no. or unkown] | (If yas give were releasefservice); INTERVAL BETWEEN 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause **DUE TO** (a), stating the underlying causa last. CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (Stata) factory, streat, office bldg., atc.] While Not While Hour a.m. at work at work should be forwarded to the PUNERAL BIRECTER: forwarded to f 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Natural causes Suicide death resulted from: Accident Homicide Undetermined mariner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 256. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Mt. Zion Cemetery Freeland, Maryland 4 1 6 Burial 23. FUNERAL DIRECTO 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 arthur & Trains

ID STATE DEPARTMENT OF HEALTH



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 12950 ofter death. Page 4) TO HOSPING. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. By the funeral director, page 3 should be detached for use as the burial-transil permit. Then eleave carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or remayal, and in any event within 72 hours after death.

Reg. Dist. No. 12869

1. PLACE OF DEATH 6. COUNTY Prince	George		MARYL	AND	2. USUAL RESID		nere deceased	lived. If instituti b COUNTY Prince	_		e admis	sion)
b. CITY OR TOWN (I	f outside carporate limi	ls, write	c. LENGTH OF STAY II	N 1b			ulside corpore	ote limits, write R			resi low	n)
RURAL and give ne	caresi fown)				Laure]				en it	•		,
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET AS	DRESS						SIDENCE
OR INSTITUTION L	aurel Gener	al H	ospi <b>tal</b>		605 F	irla	wn Ave	•	4			NO T
3. NAME OF	Fir	pit .	Middle		Last	1	4. DATE	Man	th	Das	,	Year
(Type or print)	Frederic		Milson		Besley		OF DEATH	Nov	rembei			19 60
S. SEX	6. COLOR OR RACE	7. MARR	IED T NEVER MARRIED		B DATE OF BIRTH	Feb.	16,	P. AGE (In years				ER 24 HRS.
Male	White	WIDOWE	DIVORCED	- 1	Angasto.			last birthday)	Months	Days	Haves	Min.
100. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUS					12. CI	TIZEN O	F WHAT	COUNTRY?
auring most or work	ing life, even if relired of Sceince					eini.		.,				
13. FATHER'S NAME					14 MOTHER'S	MA-DEN N	IAME				*******	
Bartholo	omew Besley	r			Sar	a Wil	lson					
15. WAS DECEASED EVE			SOCIAL SECURITY NO	17, H	VFORMANT			Add	ress			
(Yes, no. or unknown)	(If yes, give war or dates of s	BEVICO)			Hospit	al R	ecords					
		2	e for (o). (b). and (c))  Left  Left	ro	eg enie	Lu	ua	rele	ge_	INTE	RVAL BH	As As
cause (a), stating lying cause lost.		)	Brele	12	COTO	le	202-	er		8	10	in
Z PART II OTH	IER SIGNIFICANT CON	DITIONS C	ONTPIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 19	. yeks	AUTOPSY
CATK												DRMED?
(IF EITHER, NOTIFY	S UNDERLYING DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURREL	). (Enter nature of	injury in f	Port I ar Part I	II of item 18)				
ZOC. TIME OF INJURY B. M. P. M.	Y Month, Day, Yea	While	UURY OCCURRED Not while of work	ide, PLA fac	CE OF INJURY (H tary, street, affice	ome, farm bldg., etc.	. 20f (City o	or lawn)	(	County)		(State)
21. I certify the alive on	at lattended the	decease	7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	death	occurred ell	102/C		the causes o	and on t		e stat	deceased ed above. ATE SIGNED
PHYSICIAIN'S NAME (Type)	John M. Wa	rren	M.D. 305	Pr	ince Geor	ge S	treet,	Laurel,	marj	/lane	l	
220. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMET	ERY OF	RCREMATORY		22d LOCATE	ON (Cily, town,			(Stat	(e)
Cremation		0	Green M	oun	t		Da.	ltimore,				
23. FUNERAL DIRECTOR'		_	ADDRESS			24a. REC'I	BY REGISTR		STRAR'S SI	GNATUR	E	
John O. Mit	chell & Son	as, I	nc. 1900 Eu	taw	Place	DATE N	0V/9 '6	ت ( 60	Littury ,	8. Flia	ua	

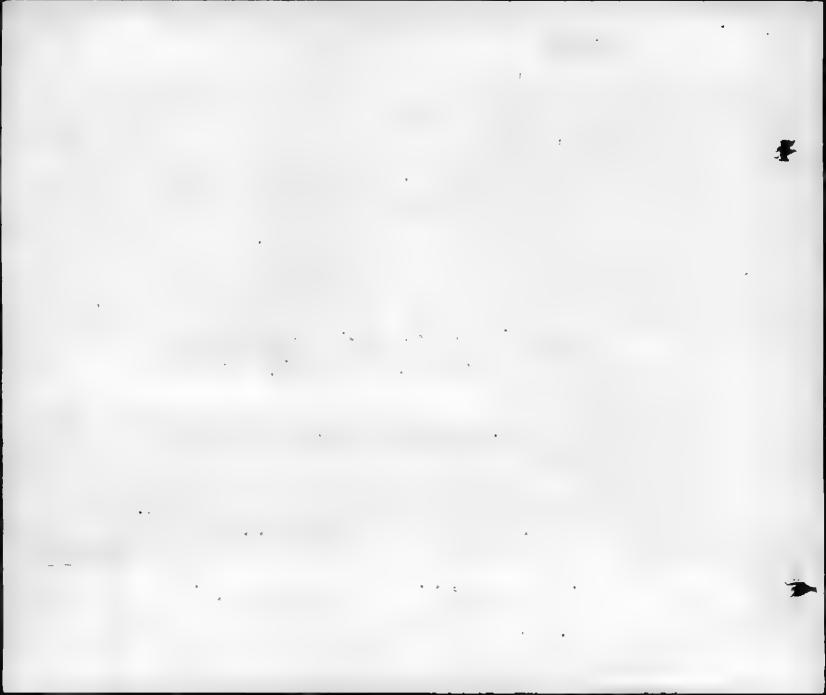
VS A15 (4) 15M 9/5S

(3)



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

4	ł.			とひりは		CERTIF	ICA	E OF DI	CAIN					
ge 4 with		1 [	LACE OF DEATH						DENCE (WI	here deceased	lived. If institution	an Residence b	efare admis	is on]
Page director	-	٩	. COUNTY	ince George	S	MAR	rland	a. STATE	aryla	nd	P CONILL	Prince	Geor	gels
eral be fi	-	ŀ	CITY OR TOWN	(If outside carporate limits, s	write c	LENGTH OF STAY	IN 16	c. CITY OR T	OWN (If o	outside corpo	rate timils, write R	URAL and give	nearest taw	m)
d pla	11		Chever	nearest town)		7 day	s	~	nellv					
offer shou		,	OR INSTITUT ON	ITAL (If not in hospital, give	street add	dress)		d STREET AL	DORESS				e. IS RE	SIDENCE A FARM?
d 52	MA		Prince	George's Gene	eral			RFD #	# 2	Box 8	2			] NO []
E & \	1 1	3. 1	NAME OF DECEASED	First		Middle	1	Last		4. DATE OF	Man	th	Day	Year
hin 24 y filled ages 1 death.			Type ar print)	Richard	d	E	•	Blake		DEATH	Novem	ber	1	19 60
ithin 2 lly fille Pages death		5 5	EX	6 COLOR OR RACE 7.	MARRIED	NEVER MARRI	ED 🗍 8	DATE OF BIRTH	ł			IF UNDER TYE		
plete rrs. offer			Male	Colored w	DOWED	DIVORCE	D 🔲				747 yrs.	Manths Day	rs Hours	Min
camp pape		10a	USUAL OCCLPAT	ION (Give kind of work dan- rking life, even if retired)	e 10b. Kli	ND OF BUSINESS	OR INDUS	TRY 11 BIRTHPLA	ACE (State	ar fareign co	ountry)	12 CITIZEN	OF WHAT	COUNTRY?
× Def			Reti					2	L	id.				
		13.	FATHER'S NAME					14. MOTHER'S	MAIDEN I	NAME				
是 点 是		)	linknow	n				Un	know	1				
physici remave rent, with				ER IN U. S. ARMED FORCES		CIAL SECURITY NO	17 IN	ORMANT			Addi	7855		
ng F		1,00	, ma, an unancorp	(it yes, give wor or oures or savin	e)			Odell	Blake	e Mi	itchellvi	lle, Mo	i.	
andii eose eose			1B. CAUSE OF DI	ATH [Enter only one cause	per line !	for (a), (b), and (c)	1			4			NTERVAL B	
o de			FART I. DE	ATH WAS CAUSED BY:	7//	1100	ane	lide	11	Jan	- tra		NSET AN	DEATH
the The			LL.	DUE TO						X	0 1			
thought.			Conditions, if	× · ·		OFin		ale	~ [	U -	HKL	Lo.		
res t			gove rise la	immediate ( DUE TO				/	<u> </u>	<b>C</b>				
sign sign			couse (a), stating	rne under-										
w recipion of the constant of		2		: / (c) DATER SIGNIFICANT CONDIT	ONS COL	NTRIBUTING TO DE	ATH BUT I	NOT REMATED TO	THE TERM	INAL DISEAS	CONDITION GIV	EN IN PART 1(c	1] 19 WAS	AUTOPSY
ohys s b al-tr	9	CERTAFICATION	(	arcus	2	12 +	L	the a	2.1	6 +	Ro pe	Me		ORMED?
ng p e ho buri	34.	TAFIC	20a ACCIDENT V			BE HOW INJURY C	CCURRED	. (Enter nature of	f injury in	Part I or Por	II of ital (18)	7-		
AN icot icot ite it, o		CER	(IF EITHER, NOTIF	AS UNDERLYING [] 201 G [] CAUSE OF DEATH Y MEDICAL EXAMINER;										
SICI afte ertif as urio		\S \	20c. TIME OF INJU	IRY Month, Day, Year	204 INJU	JRY OCCURRED	20e. PLA	CE OF INJURY (	Hame, Farn	n, 20f. (City	ar tawn)	(Cour	ityj	(State)
HY I or I or Use to b		MEDICAL	Haur a.m.	10	While at work [	Not while of work	faci	ary, street, affice	bldg., eld	A)			10	
Print		_		at (I) (this haspital) a			£	11-1-6	<b>D</b> 19		Don'S N	overl,	<del>()()</del>	(
DIN hos hed hed h pr			21 I certify in	ased alive an OV •	irrended	ne deceased	rram	eath accurred				IY		(we) last
the the stock	,		22a, SIGNATURE	A //		and	that a	earn accurred	# <b>@</b> P*~	PIVE	the causes an	d an the ac		2b DATE
AT OTO DE LA PERSONA DE LA PES			1/0	march L.	SER	1	ā.	ATTENDING	G M	ED IRECTOR	STAFF KI		11-	SIGNED
or ned Dire			22c PHYSICIAN'S	7	. 5:	1		22d ADDRE	cc					2-00
Boa			NAME (Type)	Dr. Leonar	d Die	etz, K.D.		Hyat		imore le Mo				
HOSPITM nay be reta FUNERAL sage 3 shaw he State Bod		230	BURIAL CREMAT	ON. 236 DATE THEREOF		23c. NAME OF CEN	ETERY OF		V D.C.		ION (City, tawn, 1	nr county)	(Sto	tal
MOSPI may be FUNER page 3 the State			REMOVAL (Specif	y)		Carroll (	-						fare	itaj
mo O H Pogg the		24	SUMAL FÜNERAL DIRECTO		260	ADDRESS	Ghure	h Cemete		D BY REGIST	Maryland	STRAR'S SIGNA	TURE	
VR A15 (4)		1	* the	7 5/4	74	1 30	J4. 5	th. NE	DATE N		0.0	illing 8 H		
15M 9/S9		-	4	de Brandel	a dige ?			Season >	27.15			21 /6	TANKE.	



Mt. Olivet Cemetery

mmy be retained by the him FINERAL DIRECTOR: A page 3 should be detached VS A1S [4] 1SM 11/58 2

director,

funeral

the

filled

campletely

pup

affending

been signed

physician.

death certificate be executed within

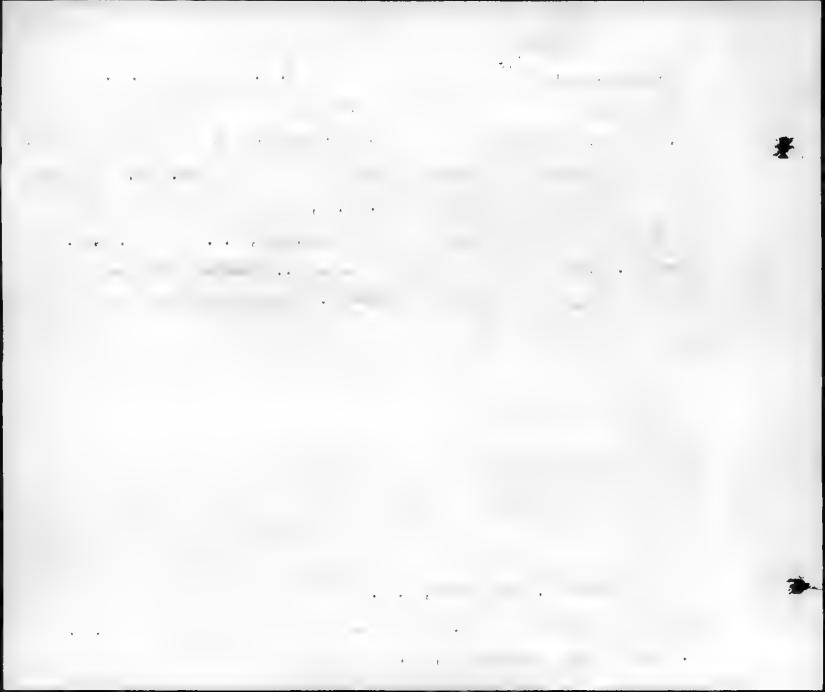
23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sens

11/15/60

**ADDRESS** Hyattsville, Md. 240, REC'D BY REGISTRAR DATE NOV 1 6 '60

Washington

24b, REGISTRAR'S SIGNATURE athur S. Krous

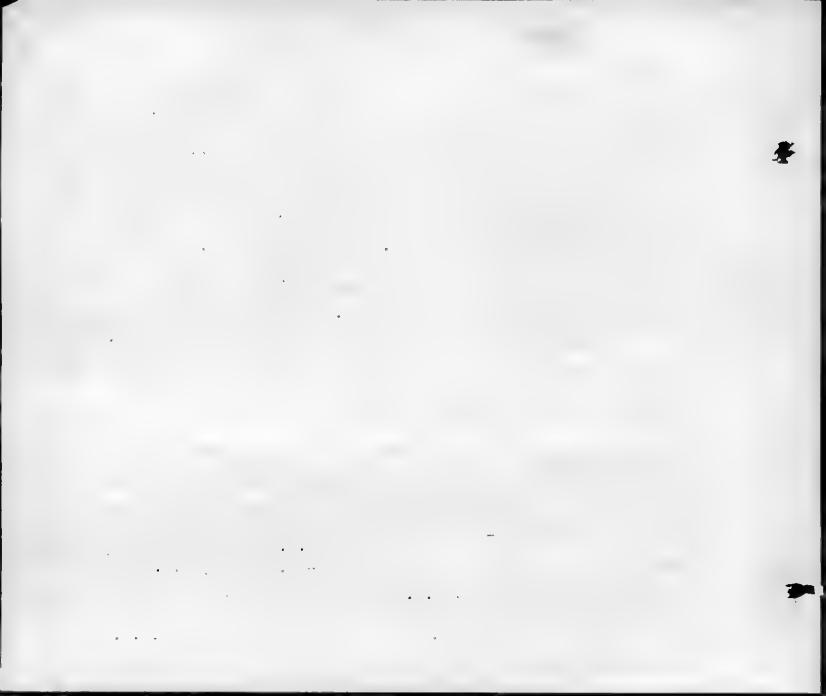


## VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
12968	CERTIFICATE	OF	DEATH	

12872 Reg. Dist. No.

	PLACE OF DEATH					2 USUAL RESIDENCE	E (Wh	ere deceased lived. Il instituti		e before admissio	n)
		ince Geo	rge	MAR	YLAND	Maryland b. COUNTY Prince George					
	b CITY OR TOWN (IF	outside corporate limi		c LENGTH OF STA	Y IN 1b			utside corporate limits, write R			
I	RURAL ond give ned	Heights		10 vea	ars	/ н	<b>i</b> 1	lcrest Heigh	hts		
	d. NAME OF HOSPITA				10 10	d. STREET ADDRES				e IS RES D ON A F	ENCE
		rlawn St	reet	SE		2902 Fa	in	lawn St. SE		YES T	
3.	NAME OF	Fir		Middl	e	Lost	-ale-de-	4. DATE Mor	nth.	Doy Ye	Of .
	DECEASED (Type or print)	BERNA	RD	LEO		BORGER		DEATH Novemb		- /	
5 5	SEX	6 COLOR OR RACE			IED 🖂	B. DATE OF BIRTH		9 AGE tin venus		YEAR IF UNDER	
	Male	White	WIDOWE	D DIVORC	ED 🗍	January 2	4.	1889 71 yrs	Months I	Doys Hours	Min.
100	USUA. OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	TRY 11 BIRTHPLACE (	Stote o	or foreign country)	12 CITI	ZEN OF WHAT C	OUNTRY?
Re	etired-Pl	ate Prin	ter	- US Gov	rtt.	Washi	ng	ton.D.C.	U	SA	
13	FATHER'S NAME					14. MOTHER'S MAID			,		
1	John	Henry Bo	rger			An	no.	lonia Nau			
	WAS DECEASED EVER		CE \$7 16	SOCIAL SECURITY N	0 17 8	NFORMANT	1	Add	ress		
1	No	Jan & Lance or cover or a	or succe		T.	da M. Bor	നവ	r #2 above			
		H [Enter only one co	use per lin	ne for (o), (b), and (c			- Contract   1	<del>//</del>	<u> </u>	INTERVAL BETY	WEEN
	PART I DEAT	H WAS CAUSED BY:	1	Uremia						S WOCK	EATH S
	1410	DUE TO				······································					
	Conditions, if on	uklik V		Chronic	Glo	merulonep	hr	itis		2 year	S
	gave rise to im	mediate (		0111 011110						1	
	couse (a), stating the lying cause lost.	under-	,	Arterio	scle	rotic Hea	irt	Disease		5 yea	rs
Z	PART II OTHI	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	TERMIN	HAL DISEASE CONDITION GIV	EN IN PART	1(o) 19. WAS AL	TOPSY
CERTIFICATION										PERFOR/	
1160	200 ACCIDENT WAS	UNDERLYING []	20b. DESC	TRIBE HOW INJURY	OCCURRE	Enter nature of injur	y in P	ort t or Port II of item 18 )			
	(IF EITHER, NOTIFY A	J CAUSE OF DEATH MEDICAL EXAMINER)						***			
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes		UURY OCCURRED	20e PL	CE OF INJURY (Home,	form,	20f (City or fown)	(Ce	ounty)	(Slote)
MED	Hour a.m.	19	While of world	Not while	100	rory, sincer, office biog.	., eit.j				
	21. I certify the	it I attended the	decease	ed from 11/28	/19/	1.7 . 19 . to	13	1/15/19600	that Lie	ast saw the d	econsed
	alive on 11	/11/1960						M, fram the causes o			
	3/	7)		)	deam	P.	M.	LDDRESS (Street, city or town,	stote)	TAG:	E SIGNED
	ACTUAL SIGNATURE	Property	7, (	Allens		M.D 322- 1		Street, N.H		1/15/19	60
	PHYSICIAN'S TO	7	0.37	4 M D			. 1	O D C			
	NAME (Type)TI	omas F.	OOTT	ins, M.L	*	Washi	ng t	on 2, D.C.			
220	BURIAL CREMATION REMOVAL (Specify)	22b. DATE THEREC	F	22c. NAME OF CEA	AETERY O	R CREMATORY		22d LOCATION (City fown,	or county)	(State)	
	Burial	111-18-6	~	Mt.O	ive	t Cemeter	V	Washington	a.D.C	A	
	FUNERAL DIRECTOR'S		Uszen	SA ADDRESS		240.	REC'D	BY REGISTRAR 246, REGIS	STRAR'S SIGI	NATURE	
Jé	ames T.Ry	an,Inc.		-317 Pa.	Ave	SE DATE	MUA	18'60 Lu	hun I. to	Caus	
-											



CERTIFICATE OF DEATH

12873

Residence before admission) s Prince George's AL and give nearest town

Day

UNDER TYEAR IF UNDER 24 HRS Days

12 CITIZEN OF WHAT COUNTRY? U.S.A

件 2

AS

IN PART 1/01

Hours

INTERVAL BETWEEN

AUTOPSY

(Stote)

226 DATE SIGNED

PERFORMED? NO [

1960, that (1) (we) last an the date stated above.

e IS RESIDENCE ON A FARM? YES NO W

Year

19 60

7.0	(, - 4				
1. PLACE OF DEATH o. COUNTY Prince Geor	gets	MARYLA	- 11	2 USUAL RESIDENCE (WHO O. STATE Marylan	ere deceased lived. If institution b COUNTY
b CITY OR TOWN (If autside RURAL and give nearest tow	corporate imits, write	16 days	16		utside corporate limits, write RUF
Cheverly	an haradal area street			Riverdale	
d NAME OF HOSPITAL (If not OR INSTITUTION					
Prince George	s General H	lospital		4806_Longf	ellow St.
3. NAME OF DECEASED (Type or print)	Rosalie	Middle		Brannon	4. DATE Month OF DEATH November
5 SEX 6 COLO	OR OR RACE 7 MARE	RIEDE NEVER MARRIED	ПВ	DATE OF BIRTH	9 AGE (In years II
	ite wow	ED DIVORCED		9-28-06	last birthday) 514 yrs
10a USUAL OCCUPATION (Give during most of warking life, e	kind of work done 10b	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (State	ar foreign country)
HOUSEWIF				VIRGII	NIA
13. FATHER'S NAME	_			14, MOTHER'S MAIDEN N	IAME
M. BRUG				VIRGINIA	
15 WAS DECEASED EVER IN U. S (Yes, no. or unknown) (If yes, give	wer or dates of service)	SOCIAL SECURITY NO.		ORMANT RGIL BRANA	SAME
			VII	TOIL DAMA	V D /4
18 CAUSE OF DEATH [Ente		ne for (a), (b), and (c)	4	D-1-1	4
PART I DEATH WAS	CAUSED BY. ATE CAUSE (a)	Duppural	we	Perilonal	7
903	ODUE TO	11/ -	4-	1/1/2	(1/)
Conditions, if ony, which	h) as	Fo. Vertal	LIK	al be ad	des .
gove rise to immediat	le Cours and	A /	17	11-1-	11-1-11
lying couse last,	(c)	angresse	k' K	tracture of	(st Runna in
PART 11. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO THE TERM	NAL DISEASE COND TION GIVEN
200 ACCIDENT WAS JUDGE OR CONTRIBUTING TO CAUS U.F. EITHER, NOTIFY MEDICAL	EXAMINER) 206 DES	elient Kell 7		TENTOC noture of infury in I	Port Lay Paph H of Jitem 18)
20c. TIME OF INJURY Month	b. Doy, Year 20d II	NJURY OCCURRED 20	e PLAC	CE OF INJURY (Home, form	, 20f (City or toyen)
Hour a.m.	While of wor	Nat while < 7	facto	ary, street, affice bidg , etc.	) (
				od All	10 1/8/1/201
21 I certify that (I) (th	- 1010	/	_		00 , to
saw the deceased aliv	re an	1960, and th	nat de	eath acculted by Del	My fram the causes and
220. SIGNATURE	All	millene		ATTENDING MI	ED STAFF
1600	us of 60	reactory	M.	.D. PHYS. DI	RECTOR PHYS.
22c. PHYSiCIAN'S NAME (Type)	( 2 50			22d. ADDRESS	
THON	IAS (F, M	ALONEY		14814 11.	MAVE WOODLAU
	DATE THEREOF	23c NAME OF CEMET	ERY OR	CREMATORY	23d LOCATION (City, lown, ar
BURIAL 11	-12-60	GEDAR +	FILL	CEMETERY	SUITLAND.
24 FUNERAL DIRECTOR'S SIGNAT	TURE ( L	ADDRESS	0 (	/ 25a REC'I	D BY REGISTRAR 256. REGIST
W.W. Cham	bers Go. O	Twerdale!	m.	d DATE N	0V 1 0 '60

ofter death Page 4 by the funeral director, and 2 shauld may be rewained by IIIe hospital ar attending physician OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hg Pages 1 haurs after death corbon popers page 3 should be detached for use as the burial-transit permit. Then please remare of the State Board of Health prior to burial, cremation, or remaval, and in any event with TO HOSPIT

VR A15 (4) 15M 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

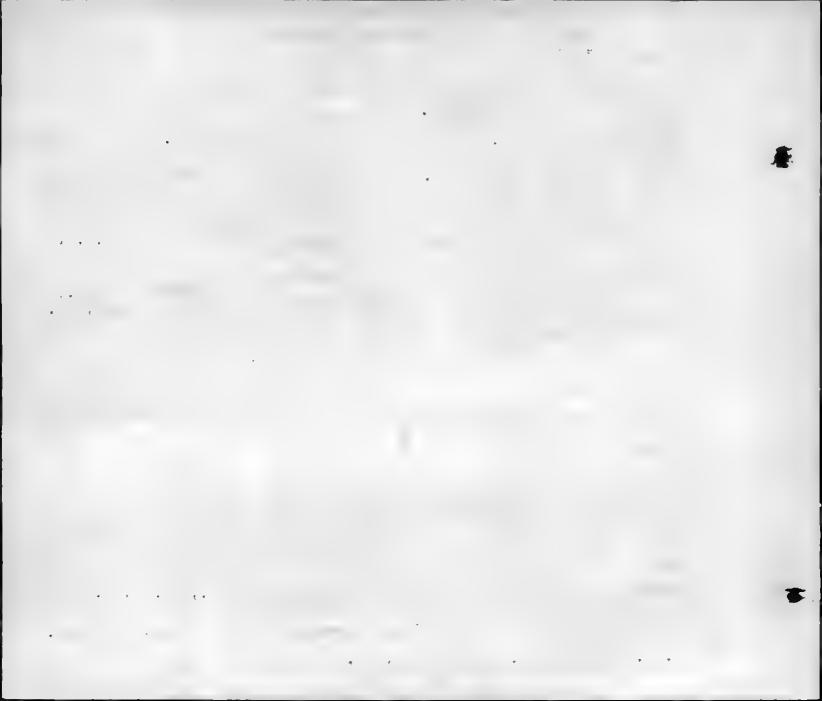
12951 **CERTIFICATE OF DEATH**  12874

1425 Sandy Spring Rd.   1426		Keg. Dist.	No.					
b CITY OF TOWN If outside corporate limits, write EVEAL and give neceret town)  Laurel  60 Mrs. 60 Mrs. 1425 Sandy Spring Rd. 1426 Sandy Spring Rd. 1427 Sandy Spring Rd. 1426 Sandy Spring Rd. 1426 Sandy Spring Rd. 1427 Sandy Spring Rd. 1426 Sandy Spring Rd. 1427 Sandy Spring Rd. 1428 S	COLUMN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o STATE Money 2 and b COUNTY Doctor	before admission)					
A STREET ADDRESS   1.6 STREE	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv						
DECEASED IN U. S. ARMED FORCES?  TO RATHER'S NAME  UNKNOWN  10 CATHON Green and devented and work down of treating life, even if retired and treating life, even if retired at HOUSEWITES OR INDUSTRY 11 BIRTHPLACE (State or foreign caponity)  12 CITIZEN OF WHAT CO.  Washington, DFC/  U.S.A.  13 FATHER'S NAME  UNKNOWN  14 MOTHER'S MAIDEN NAME  UNKNOWN  15 WAS DECEASEDEVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO  NORE  NORE  17 INFORMANT  18 CAUSE OF DEATH (Enter only one couse per line for [o], (6) and (c)]  19 CAUSE OF DEATH (Enter only one couse per line for [o], (6) and (c)]  19 CAUSE OF DEATH (Enter only one couse per line for [o], (6) and (c)]  10 Conditions, if on, which gave rise to immediate cause (c).  10 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUGUST 1/2 (c).  19 CONTRIBUTING CAUSE OF DEATH (If ETHER) CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUGUST 1/2 (c).  200 ACCIDENT WAS UNDERLYING 1 OND DESCRIBE HOW INJURY OCCURRED, (Enter notive of injury in Part I or Part II of Item 18)  21 CITIZEN OF WHAT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUGUST 1/2 (c).  220 ACCIDENT WAS UNDERLYING 1 OND DESCRIBE HOW INJURY OCCURRED, (Enter notive of injury in Part I or Part II of Item 18)  230 ACCIDENT WAS UNDERLYING 1 OND DESCRIBE HOW INJURY OCCURRED, (Enter notive of injury in Part I or Part II of Item 18)  240 ACCIDENT WAS UNDERLYING 1 OND OF COMPANIES (C).  250 ACCIDENT WAS UNDERLYING 1 OND OF COMPANIES (C).  250 ACCIDENT WAS UNDERLYING 1 OND OF COMPANIES (C).  250 ACCIDENT WAS UNDERLYING 1 OND OF COMPANIES (C).  250 ACCIDENT WAS UNDERLYING 1 OND OF COMPANIES (C).  250 ACCIDENT WAS UNDERLYING 1 OND	d NAME OF HOSPITAL (If not in hospital, give street address)  _ s.OR. INSTITUTION	ad STREET AOORESS	e. IS RESIDENCE ON A FARM? YES NO A					
S. SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   8 DATE OF BIRTH   7. AGE [in years if FUNDER 1 YEAR IF UNDER 1 YEAR	DECEASED	OF OF	4					
At Home Washington, DfC/ U.S.A.  3. FATHER'S NAME  Unknown  S. WAS DECEASEDEVER IN U.S. ARMED FORCES?  NOD  10 CAUSE OF DEATH [Enter only one course per line for [o]. (b) and (c)]  PART I. DEATH WAS CAUSED BY.  I DUE TO  Conditions, if only, which gove rise to immediate course [ous (c), toloting the under low course lost.]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 [or Item 18]  TO ACCIDENT WAS UNDERLYING [I COUNTY]  OR ACCIDENT WAS UNDERLYING [I COUNTY]  OR CONTRIBUTING [I CAUSE OF DEATH IN THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 [or Item 18]  TO CONTRIBUTING [I CAUSE OF DEATH IN THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 [or Item 18]  TO CONTRIBUTING [I CAUSE OF DEATH IN THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 [or Item 18]  TO CONTRIBUTING [I CAUSE OF DEATH IN THE COUNTY IN THE COUNTY MEDICAL EXAMINED)  TO CONTRIBUTING [I CAUSE OF DEATH IN THE COUNTY IN THE	MARKIED NEVER MARKIED	19 Cot 1 de la los birthdey) Months De	YEAR IF UNDER 24 HPS					
Unknown  S WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT NO 18 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT NO 18 WAS CAUSE OF DEATH (Enter only one course per line for (o), (b) and (c)	Housewife At Home	Washington, D/C/						
S WAS DECEASEDEVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO TOND F Branzell 4206 Gold Newerk Rd., No PART 1.0 PART								
18 CAUSE OF DEATH [Enter only one course per line for (o). (b) and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). The per summer of	5 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 18	NFORMANT 4206dd Newar	k Rd.,					
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not-while of work of wark of wa	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE [o].  PLATE OF THE PROPERTY OF THE PARTY OF THE PA	Har Charge	INTERVAL BETWEEN ONSET AND DEATH					
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Not-while of work of wark of wa	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED? YES NO					
21. I certify that I attended the deceased from 1/2-0, 19.0 K, to 19.0 that I last saw the dealive an 1/2-3 and that death accurred at 1 M, from the causes and an the date stated ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  N.D. 314 Compton Ave., Laurel, Md. 11/20 BURIAL, CREMATION, 126 DATE THEREOF  220 BURIAL, CREMATION, 126 DATE THEREOF  221 NAME OF CEMETERY OF CREMATION.		2. (Enter nature of injury in Part I or Part I t of item 18 )	de					
alive an	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour 6. m. 19 of work at work at work	ACE OF INJURY (Home, form, 20/ [City or town) (Country street, office bldg., etc.)	nly) (State)					
PHYSICIAN'S NAME (Type)  PHYSICIAN'S NAME OF CEMETERY OF CREMATORY TO LOCATION (Circ Name OF CEMETERY OF CEMET	21. I certify that I attended the deceased from 1//20, 19.04, to 1//20, 19.00 that I last saw the deceased alive an 1//23 and that death accurred at 1/20, M, from the causes and an the date stated above.							
NAME (Type) 214 Compton Ave., Laurel, Md. 11/	ACTUAL Y) 12 Heater and 2440							
	PHYSICIAN'S NAME (Type) N 13 STEWARD	314 Compton Ave., Laurel, M	d. 11/26/0					
Burial 11/30/60 Fort Lincoln Cemetery Bladensburg, Maryland  Funeral Director's Signature Address 240, REC'D BY REGISTRAR 240, REGISTRAR'S SIGNATURE	Burial 11/30/60 Fort Lincol	In Cemetery Bladensburg, Mar	ryland.					
W. W. CHAMBERS CO., Riverdale, Md. OATE NOV 2 9'60 Cullum S. Thomas	W. W. CHAMBERS CO., Riverdale,							

TO HOSPINGLOR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be refained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled with the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or remarkal, and in any every where 2 hours after death.

VS A15 (4) 15M 9/55



LINE ATTINION FINASCIAN: The low requires that the death certificate be aximated within 200

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15 WA	S DECEASED EVER	IN U. S. ARMED FOR	CES? 16.		NO 17 I	NFORMAN	NT TP				Addr	ess			
NC		If yes, give war or dates of s	ervice)		I A	Alice	L. B	rool	ke (W	ife) S	am	e as	No.	2	
18.	No Alice L. Brooke (Wife) Same as No. 2  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (string one couse per line for (o), (b), (b), (c), (c), (c), (c), (c), (c), (c), (c														
	PART I DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (o	)	Cerebrel	-cas	- Land	race							362	Lang
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22	PHYSICIAN'S NAME (Type)					220	J. ADDRESS	3	50A P	erry S	t.			/	•
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23a Bl	URIAL, CREMATION	N, 23b. DATE THEREC	)F	23c NAME OF C	EMETERY (	OR CREMA				TION (City,	town,	or county)		(Stol	e)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN III owhide corporate limits, v E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write\_RURAL and give nearest town) give necrest town) 0 or. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO F NAME OF Middle DATE 4. Month Day Year DECEASED OF (Type or print) DEATH 10 6 0 5. SEX 6. COLOR OR RACE 7- MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED IT DIVORCED TO yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pe + ready 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME a.uc poges 510 10 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL RETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17, WAS AUTOPSY CERTIFICATION PERFORMED? YES [ NO F 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) (State) While Not while er. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 4 Inquiry death resulted from: Natural causes Accident F Suicide . Homicide . Undetermined cause to the Chir. 3 ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER cute 11 22c. NAME OF CEMETERY OR CREMATORY 220 SURIAL CREMATION. 22d LOCATION (City, Igwn, or county) (Stote) MOVAL (Specify)/ 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAL 24b. REGISTRAR'S SIGNATURE

DATE

VS. A15ME(5) 5M 9/55



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIEICATE OF DEATH

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12969	CERTIFICA	AIL OI DLAII	•	Reg. Dist. No.
PLACE OF DEATH		2. USUAL RESIDENCE (Who o, STATE		on: Residence before admission)
Prince George	MARYLAND	Marv	and b. county	Pr. Geo's
. CITY OR TOWN (If outside corporale limits, w		c. CITY OR TOWN (If o	utside corporate limits, write R	
Upper Marlboro	65 Yrs.	Upper Man		
I. NAME OF HOSPITAL (If not in hospital, give s		d. STREET ADDRESS	, 10010	a. IS RESIDENCE
OR INSTITUTION		Main Stre	ort	ON A FARM?
Main Street		h warm one		YES NO X
IAME OF ECEASED (ype or print) W////////////////////////////////////	Middle R.	Buck	OF NOV	ember 0019, Year
SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF JINDER TYEAR IF UNDER 24 HRS
Male White wi	DOWED TO DIVORCED	Sept. 14. 3	(877   lost birthday)	Manths Days Hours Min
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during most of working life, even if refired)		_	_	
Service Station Ope	r. Own Busine		ylvania	U.S.A.
FATHER 5 NAME		14 MOTHER'S MAIDEN N		
Daniel Buck		Sugan Ro	bingon	
WAS DECEASED EVER IN U. S. ARMED FORCEST		INFORMANT	T 4 O G	
No		artin Eugene	Buck - Warra	S Street, S.E.
18. CAUSE OF DEATH [Enter only one couse		A C CAR D CAR	ZZXVII - WEGI	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	2 (2)	+1 1		ONSET AND DEATH
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gave rise to immediate Cause (a), stating the under-	,			
lying cause lost.				
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OR CONTRIBUTING CAUSE OF DEATH		car (error representation) and	,	
41		IACE OF INJURY (Hame, farm actory, street, office bldg., etc		(County) (State
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alive an 18 nav	/ .			id on the date stated above
silve on	indicated and their dear		M, fram the causes an ADDRESS (Street, city or town,	
ACTUAL / 173				sidile)
IGNATURE / // 1 Caso		M.D. Upper Ma	arl boro, Md.	TT/T8/60
HYSICIAN'S Robert B. S	asscer, M. D.			
NAME (Type)	COUCCI NI D.			
BUR A., CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City town,	or county) (Slote)
REMOVAL (Specify) 11/22/60	Mt. Carmel	1 Cemetery	Upper Marl	boro. Md.
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'		STRAR S SIGNATURE

Ritchie Brog.-Upper Marlboro, Md.

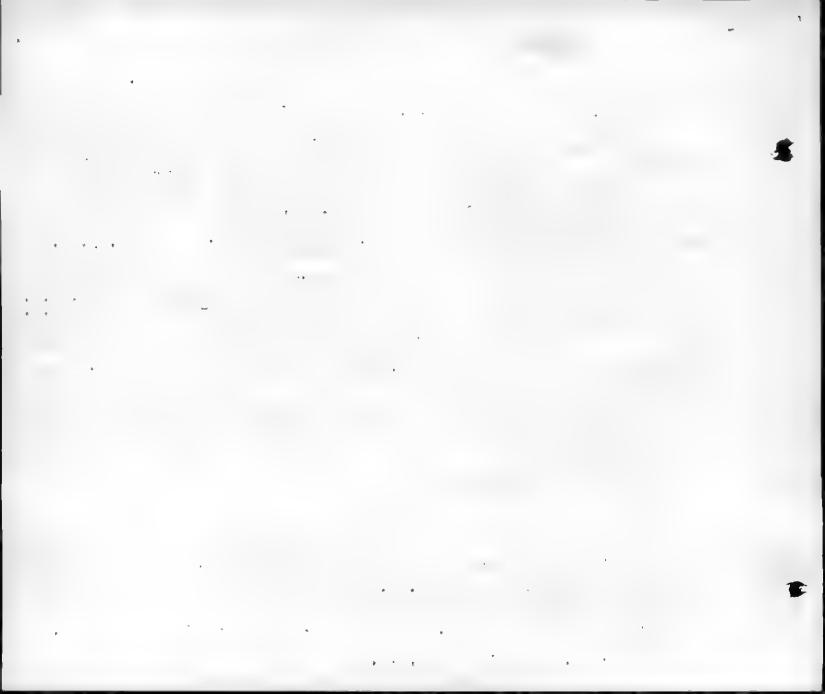
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Calling & tours

page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fifter with the registror prior to burial, cremation, or remaval, and in any event within 72 haurs after death. after death. Poge TO HOSPITAT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician page 3 should be detached far use as the burial-transit permit. Then please remave additional page 3 should be detached far use as the burial-transit permit.

VS A15 (4) 15M 9/5B



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Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o STATE CAD COUNTY MARYLAND INCO DEUTAP CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) e. IS RES DENCE d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO 4. DATE Middle Month Day Year Lost DECEASED OF DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost\_birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH Months Days DIVORCED [ WIDOWED IX yrs. 160. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one cause per Ime for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Candhions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc.) Hour o. m White Not while 19 of work of work p. m. 196 Ghot I lost sow the deceosed 21 I certify that I attended the deceased from. \_\_, and that death occurred at SizziM, from the causes and on the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type BUR AL, CREMAT ON. DATE THEREOF 22d LOGATION (City, fow 24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE EUNERAL DIRECTOR'S SIGNATURE ADDRESS.4

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TO HOSPIX. OR ATTEND
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TO FUNERAL DIRECTOR: J
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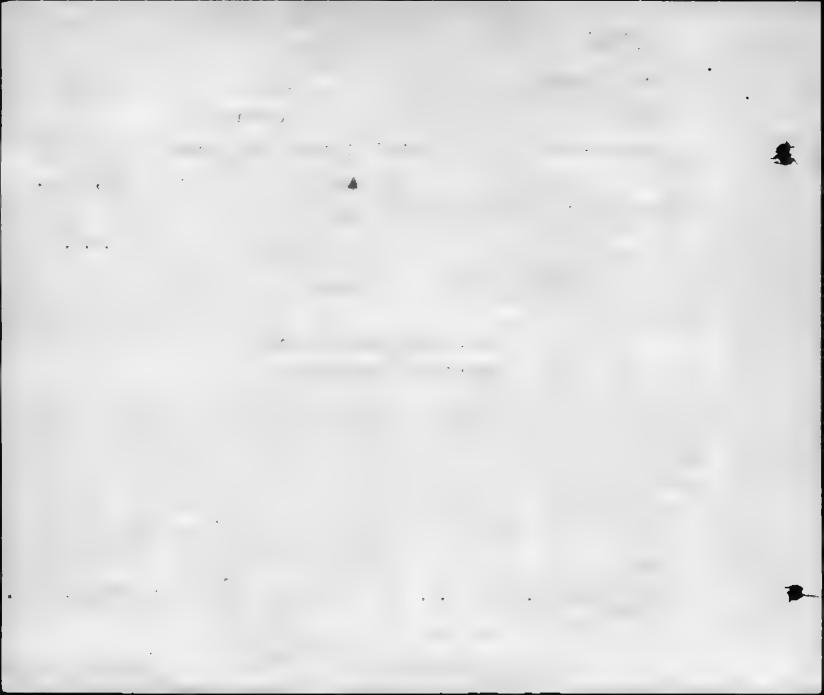
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYHAR FOR STATE USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY is not.

director. Pervour files. e. STATE **b.** COUNTY Prince Georges County Florida MARYLAND b. CITY OR TOWN ( floutside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown wr ta RURAL and give nagrest town) Cheverly Jacksonville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS S. RESIDENCE ON A FARM? Georges General Hospital 1299 YES NO TE 23rd 3 NAME OF M.ddle 4. DATE DECEASED the (Type or print) WESTLEY DEATH November 1960 with rs afte 6. COLOR OR RACE AGE IN Years IF UNDER 1 YEAR IF JNDER 24 HRS 8. D. E OF BIRTH 7. MARRIED NEVER, MARRIED may 2 last birthday) | Months nknown Mala WIDOWED T DIVORCED June 27 10a USUAL OCCUPATION (GIVE kind of work 10b, KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2 dona during most of working life, avan if retirad! U.S.A. Vermont pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Dell Riechfirce(? Myron William Cartee WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifvas give werordalas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), [ INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Congestive Heart Failure IMMEDIATE CAUSE (a) Office **DUE TO** burial Coronary Artery Disease Conditions, if any, which (b) gava rise to immadiata causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$10. 19, WAS AUTOPSY PERFORMED? NO X plno4s 20a. EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY [7] or CONTRIBUTING [7] CAUSE OF DEATH. writing to Chief A Page 3 s. to buria 20d, INJURY OCCURRED 200, PLACE OF INJURY (Home, farm, 20f, (City or lown) 20c. TIME OF INJURY Month, Day, Yaar (County) factory, street, office bldg., atc.) Whila Not While the R: Pg at work at work prior I DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection XI. Inquiry X and in my opinion DEPUTY MEDICAL death resulted from: Natural causes Accident Suicide Homicide Undetermined manner slesse execute the case should be forward by FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER BOYD, JAMES M.D. November NAME (Type) Addrass (Streat, clly, town, or county) DATE THEREOF 22c .. NAME OF CEMEYERY OR CREMATORY 228. BURIAL CREMATION 22b. 22d. LOCAHON (City, Jown, or country) (Stata) REMOVAL ISpacifyl O 40 6 23. FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VS. A15ME DATENOV 2 9 '60 5M 7/59 arilan & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH



## DEPT Раде necessary director. YOU Boar for LAGER retained 3 to the the with 2 with age 5 may 1 and 2 wi 72 hours and Page Is 1 and Pages pagas 1 P.M.3. F10 form event permit. with This certificate should be executed in pencil in Hem along v Bud Office burial-t removal. "pending" (0) Examiner's 10 b nsed 28 the word Medical should EXAMINER: writing aga 3 : Chief aga 3 the The prior should be forwarded to the FUNERAL DIRECTOR: DEPUTY MEDICAL 40 6 0 ä

V5. A15ME 5M 7/59

AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY DICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) . COUNTY e. STATE **b.** COUNTY LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limi s, write RURAL end give neerest lown) fe RURAL and givernearest lown) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO I Frest 3 Middle 4. DATE OF DEATH 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED DATE OF BIRTH AGE (In yeers ) IF UNDER 1 YEAR IF UNDER 24 HRS 8. lest birthdey) Months Hours DIVORCED WIDOWED

b, CITY OR TOWN ( f oulside corporate lim is d MAME OF HOSP TAL OR INSTITUTION (if not in hospite, give street eddress) 3. NAME OF DECEASED (Type or print) 5. SEX USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done, during most of working life, even if retired) FATHER'S NAME IV. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 1 17. INFORMANT UKULD Address (Yes, no, or upkown) | (Ifyesgive werer detes of service) 18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stelling the underlying cause last. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CERTIFICATION PERFORMED? No [ 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY FOR CONTRIBUTING [ 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stale)

fectory, street, office bldg., etc.) While Not While

at work al work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry

DATE SIGNED

death resulted from. Suicide Homicide 1 Natural causes Undetermined manner

CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER

SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county)

22a BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify)

23. FUNERAL DIRECTOR ADDRESS 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S CERTIFICATE OF DEATH** I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Institution: Residence before edmission) I director, Page for your files. e. COUNTY Health, b. COUNTY MARYLAND b. CITY OR TOWN (if outside comprete limits, LE. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town, write RURAL and give neeres lowed for d. NAME OF HOSPITAL OR INSTITUTION (if nothin hospital, give a. IS RESIDENCE Luneral ( ON A FARM? 2 with the State death. NAME OF DECEASED and 3 to the OF DEATH (Type or pani) NEVER MARRIED - B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. rage 5 m land 2 w lest birthdey) DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRNHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2
Wifee along with form PM3, Page done during most of working life, even if relired) wahin 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAM This certificate should be executed within Office along with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY permir. (Yes, no, or unkown) [ (Ifyesgivewerordatesofservice) Sug 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which gave rise to immediate cause "pending" 10 DUE TO (a), stelling the underlying 10 Examiner cause lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPS CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY TO or CONTRIBUTING TO CAUSE OF DEATH. Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY (County) (Steta) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry Accident Suicide | |death resulted from: Natural causes Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) 40 23. FUNERAL DIRECTOR REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AIRME 照面 7/5回 DÁTE Chiting of House



12 1 1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
The second	r		12903 MEDICAL EXAMINER'S CERTIFICATE OF DEATH    tome 3.13.14 Film0277 12 22 60 of Reg. Dist. No. 12852
pleose 4 should cremat	Mr. Seer Shape	1.	o. COUNTY Prince Store Smaryland  2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence, before admission)  o. STATE md  b. COUNTY Prince
Page Purial,	s ,	b	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LLULL 1 LL  D. C. A. LLUCCUL
is nec	7 3 3 1 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2	6	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital five street address).  Prince (I) Terror (IF not in hospital five street address).  7252 Central Ave (IS RESIDENCE ON A FARM?  YES (IN NO [IF NO [IF NO [IF NO IF
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er demil		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Retired Farmer Washington, D.C. U.S.A.
s 1, 2, or may be jes 1 and		13.	John Westley Collins Mary E. Hurtle Hurdle
in 21 ho we Pages Page 5 File page		15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  No. of waknown.  No.
ell with 18. Gi n PM3.			IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:
n Item ith forn ransit p			Conditions, if ony, which) on MARIA Calent Heart desire
pencil i			gove rise to immediate couse (a), stating the underlying course last.
ing" in Office of		ATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES FT NO SET 10.
is certifications in pendiminer's discussions discussions in the contractions of the contractions in the contraction in the contract	,	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
NEE The word ical Exo		WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f (City or tawn) (County) (Stote)  While Not while of work of the property o
er Med	3.		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find that death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined cause .
Ticate, v	· Bun		ACTUAL AD A DUNE THE MENTAL PROPERTY OF THE PR
ded to			EXAMINER'S  ASSISTANT MEDICAL EXAMINER
Cute It farward or remo			BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
1 1			Burial 12-2-60 Addison's Chapel Seat Pleasant, Md.  FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1240, REC'D BY REGISTRAR 1240, REGISTRAR'S SIGNATURE
VS. A15ME(5) 5M 9/S5			FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  Lee Funeral Home - Washington. D. C.  DATE DEC 1 '60'  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS  Lee Funeral Home - Washington. D. C.



RYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

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1 PLACE OF o. COUNT	٧	ince Geo	rge	MARYLA	- (1	o. STATE D	,	ere deceased	lived, If insti b. COUN		dence before o	idmission)	
b. CITY OR TOWN (If autside corporate rimits, write RURAL and give nearest town)					- 11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Suitlan	ıd		6- Weeks		Washing	-	D.C.					
d. NAME OR INS	OF HOSPITAL (I	If not in hospitol, g	ive street	oddress)		d. STREET ADI				64	0. 1	S RESIDENCE ON A FARM?	
Suitl	and Hur	sing Hom	3			2124- M	inn.	, Ave.	, S.E.	· ·	, YI	ES NOXIX	
3 NAME OF DECEASED (Type or p	)	FRAN		Mrddle		DATTORE		4. DATE OF DEATH	No.	Nonth V •	7th	960	
s sex Mel	1	color or race hite	7. MARI	RIED NEVER MARRIED  ED DIVORCED [	L	ATE OF BIRTH	188		AGE (In yellos)		DER 1 YEAR 1F	OUCS MIN	
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13. FATHER'S	NAME				14	. MOTHER'S M	AIDEN N	AME					
Borsi	lo Dat	tore				Rosina		Unk.					
1S. WAS DEC		U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	MANT		5951	- 28th	ddress AVe	/.S.K.		
					Fran	k V. Da	ttore		low He				
couse (	tions, if any, rise to imme a), stating the ouse lost.	under-	5	Tenerali	ied	arte	rio	sele	rosis	1	15	year	
ICATIO				CONTRIBUTING TO DEATH							P	ERFORMED?	
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	E OF INJURY / ivr a.m. p.m.	Month, Day, Ye	While at wo	Not while		OF INJURY (Ho street, office b			or town)		(County)	(Stat	
	e deceased		attend -6	ded the deceased from 1960, and the	1.2		-10				the date st		
Z	hom	as 7.	10 CE	ary	M D.	ATTENDING PHYS	D+R	D RECTOR [	STAFF PHYS.		Nov.	7th 1	
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230. BURIAL, REMOV/ BU	AL Specify)	236 DATE THEREC		St. Mary 1	Cem	etery			ington			(Stote)	
24 FUNDICAL	DIRECTOR'S SI	Bra.	1661 Wash	GADDRESS Hope lington, D.C.	Rd.	3.E. 2	SATE NO	BY REGISTS			SIGNATURE S. FLAMA		

TO HOSPILE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pours ofter death. Page 4 may be reformed by the haspital ar ottending physician.

THE PRINCIPLE ALD DIRECTER: After this methicate has been signed by the attending physician and completely filled in 3y the funeral director, gage 3 should be detailed for the most of the Eurial-trametic permit. Then please remains appears. Pages 1 and 2 should be filed with the State Board of Health prior to besit a semantion, or remaind, and in may event, without after death VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18



with director

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funeral should the Filled Pages death campletely papers. pup pou physician remove attending please any the ò permil. has been signed burial-transit ar attending certificate Phe SD

that the death certificate

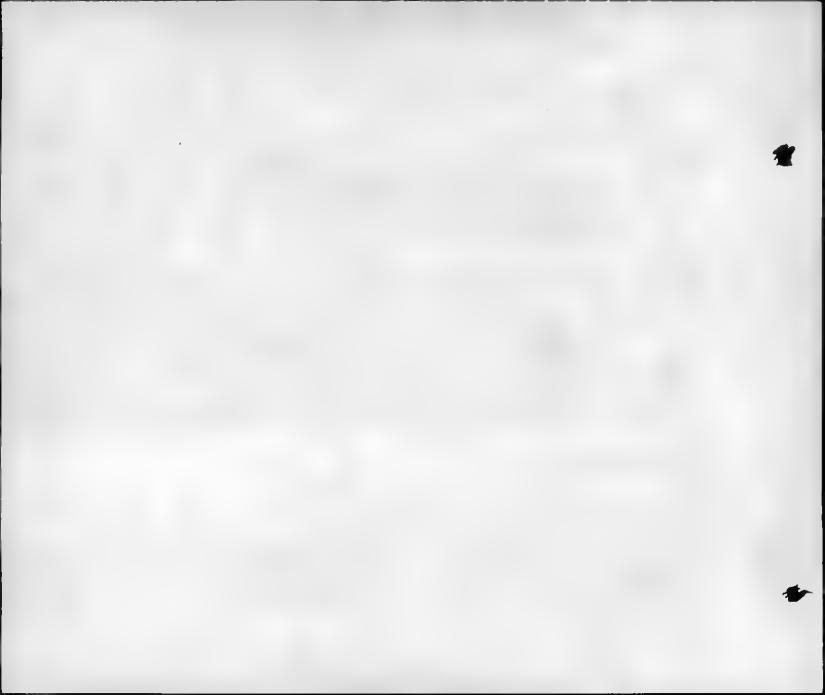
NAME OF Midd e 4. DATE Lost OF DEATH DECEASED (Type or print) 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE ( n years MARRIED NEVER MARRIED last birthdoy) DIVORCED T YES 10a JSUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during typst of warking life, even if retired) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service None No 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Canditions, if any, which (b) gave rise to immediate **DUE TO** cause (o), stoting the underlying couse last. 20g ACCIDENT WAS UNDERLYING DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER CAL 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED foctory, street, office bldg, etc.) a.m Wh le Not while After this p. m. at wark | at work shauld be detached for 21 I certify that (I) (this-hospital) attended the deceased from... O to 19 saw the deceased alive an FUNERAL DIRECTOR: 22a SIGNATURE ATTENDING MED M.D PHYS 22c PHYSICIAN'S ADDRESS NAME (Type) co DATE THEREOF 23c NAME OF CEMETERY 23d LOCATION 23a BUR AL, CREMATION. 23Ь page REMOVAL (Specify) 28 draa O L DIB 250. REC'D BY REG STRAR DATE NOV 2 9 '60 VR A15 (4) 15M 9/59

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate limits, write RURAs and give nearest town) RUPAL and give nearest town) Hyattsville e. IS RESIDENCE d NAME OF HOSP TAL (If not in haspital, give street address) STREET ADDRESS ON A FARM OR INSTITUTION YES NO Month Year Day 19 6 0 IF UNDER TYEAR IF JNDER 24 HRS Months Days 12 CITIZEN OF WHAT COUNTRYS Address INTERVAL BETWEEN ONSET, AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO (Caunty) (State) 19, 6, Ghat (1) (200) last G and that death occurred at A-M, from the causes and on the date stated above 22b DATE fown, or county) (Stote) Berrvville 25b REGISTRAR S SIGNATURE arthur & House



DEM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 12888 CERTIFICATE OF DEATH 12908 director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed b. COUNTY Funeral b. CITYOR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUKAL and give nearest town) should NAME OF HOSPITAL # inpt in hospital, give treet address) d STREET ADDRESS OR INSTITUTION O 4. DATE Middle Manth filled DECEASED Dowling Urban Pages (Type or print) DEATH 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS commiletely July 12, 1912 Months DIVORCED [7] WIDOWED | popers. YES FAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death ong most of working life, even if retired) oug carban Lowa offe 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME pilysician James Dowling Hertel remave hours INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO Address affenaing Leona Dowline Cheverly ease 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO permit. Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underhas been si pup lying couse last. burial-transit physician. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.) Hour o. m. While Not while al work of work new 21. I certify that I attended the deceased from 🖍 detached and that death accurred a 150 $extcolor{L}$ M, fram the causes and an the date stated above. INECTOR: ₽ ACTUAL pe pau p 0 SIGNATURE 2 3 shauld PHYSICIAN'S NUMERAL NAME (Type) 220. BUR AL, CREMAT ON 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) agad REMOVAL (Specify) Burial Rockville, Md. Nov 28, 1960 Parklawn Cemetery 24b. REGISTRAR'S SIGNATURE

e IS RESIDENCE

Day

Days

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(County)

arthur & House

24a, REC'D BY REGISTRAR

DAMEOV 2 9 160

ON A FARM? YES NO

Yaor

19 6

Hours

INTERYAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(State)

0 VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons Hyattsville, Md.



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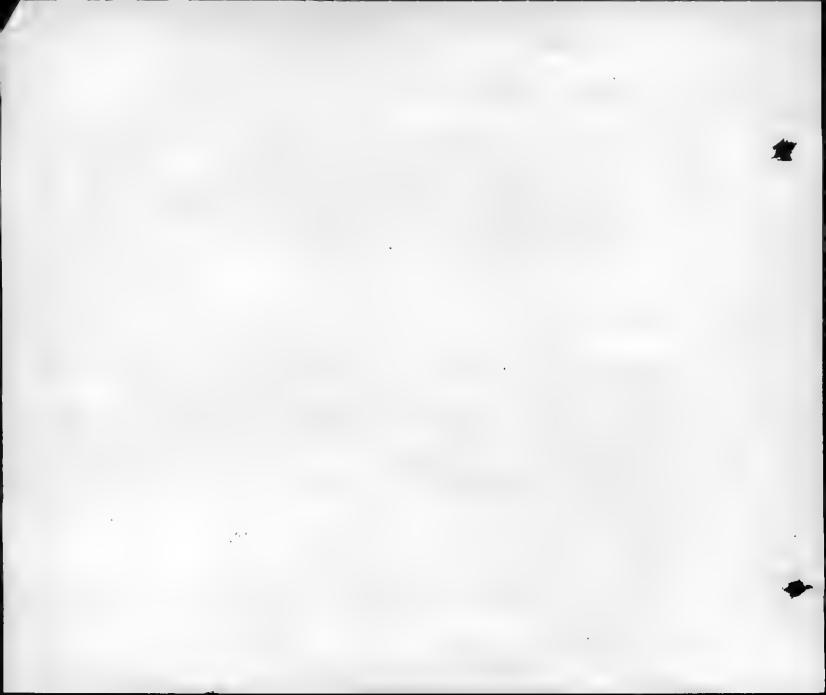
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funerol

1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY g. STATE **b.** COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)-RURAL and give nearest town) d NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 12030 YES NO NO First Middle 4. DATE Last Year OF DEATH DECEASED (Type or print) 19 6 5 SEX 7 MARRIED NEVER MARRIED 7 8 DATE OF BIRTH 9 AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours DIVORCED WIDOWED [ 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) AUSEW He 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Galszit Kirby and 17. INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. same as NONE CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** arterio sclerosis Canditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES | NO 😿 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while p. m. of work at work 21 I certify that (1) (this haspital) attended the deceased fram. Jan NAV 25, 1960, that (1) (we) last 19 6 9 . to \_\_ and that death accurred at 1238M, from the causes and an the date stated above. 1960 saw the deceased alive an. 22a. SIGNATURE 22b, DATE SIGNED ATTENDING MED. STAFF PHYS MD 22c PHYSICIAN'S 22d ADDRESS NAME (Type) BURIAL CREMATION 23d NAME OF CEMETERY OR CREMATORY 23d\_LOCATION (City, town, or county) Memorial Gardon SPARTAN 25b REGISTRAR'S SIGNATURE 250. RECUBEY REGISTRAR arthur S. Hour

en please permit. **burial-transit** certificote OS FUNERAL DIRECTOR: 3 should be poge 3 sh the State 0

VR A18 (8) ISM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. Ne. I director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Maryland b. COUNTY Prince Georges MARYLAND Prince Georges funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b ic CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town) shauld Edmonston Edmonston Maryland d NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION ë d STREET ADDRESS . IS RESIDENCE ON A FARM? €N 4816 48th 4816 48th YES NO P pup NAME OF 4. DATE First Middle Month Year DECEASED OF DEATH fille Pages Alice (Type or print) Bell 1960 Dunn November 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Doys Hours DIVORCED [ 22.1889 Female WIDOWED [7] October 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home 17. CITIZEN OF WHAT COUNTRY? At Home Housewife Virginia u. S. A. puo carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Clatterbuck Sarah John remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address tending No Benjamin F. Dunn 4816 48 None Ave. ed Se 18. CAUSE OF DEATH [Enter only one couse per line-for (c), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** ò permit. Conditions, if ony, which Daved gove rise to immediate DUE TO couse (o), stoting the underand lying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINER 60 MEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour e. m. Not while While at work of work p. m. 21. I certify that I ottended the deceased from 9 - 26-1960 1011-18 \_\_\_\_\_\_19@ Othat I last saw the deceased ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATUR prior DIRE 3 should PHYSICIAN'S the registror NAME (Type) Dei Aaron FUNERA 220 BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stole) page

Fort Lincoln

Riverdale. Md.

ADDRESS

Bladensburg Mar

24a, REC'D BY REGISTRAR DATE NOV 2 3 160

Mary land

0 VS A15 (4) 15M 9/5S

23. FUNERAL DIRECTOR'S SIGNATURE

W. CHAMBERS CO.

Page

death.

after

death



## CERTIFICATE OF DEATH 2952 Fled-with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY **b.** COUNTY HARYLAND erol b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and gife negrest town) d. NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION unterry NAME OF Middle 4. DATE DECEASED OF DEATH Pages (Type or print) 5 SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last buthday) Months WIDOWED IT DIVORCED [ USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician howers геточе IS WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANI Address tending the death 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** 8 cause (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year factory, street, office bldg., etc.) o. m While Not while of work of work 1960 21. I certify that I attended the deceased fram 1960 that I last saw the deceased alive an and that death accurred at M, from the causes and on the date stated above 80 ADDRESS (Street, city DIRECT ACTUAL SIGNATUR shauld be PHYSICIAN'S NAME (Type) FUNER HOSP 67 BURIAL, CREMATION. 22c NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) eSod REMOVAL (Specify) 0 **ADDRESS** 246 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE

'60

S RESIDENCE

ON A FARM?

YES NO F

106

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? YES NO 🔼

(Stote)

(Stote)

Doys

(County)

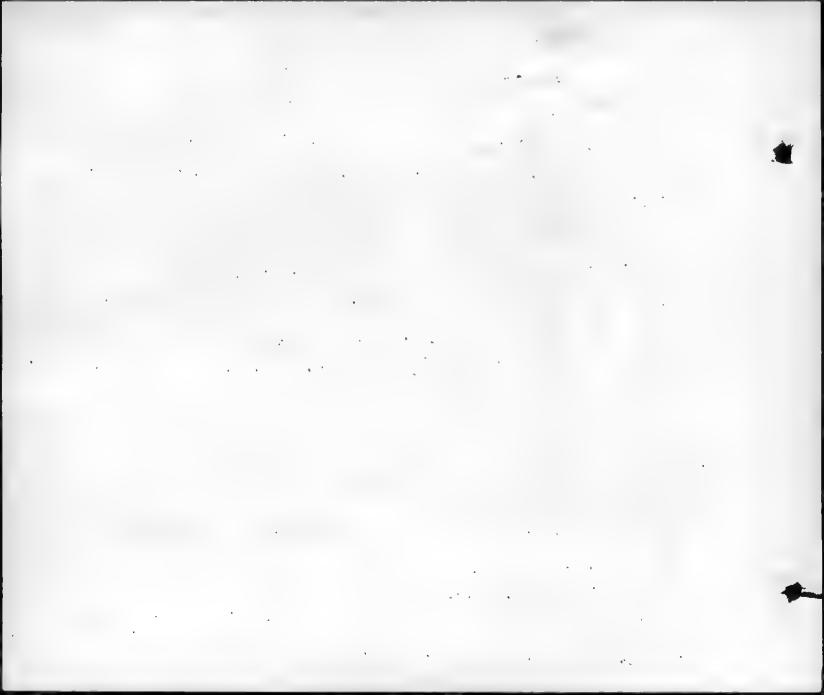


and 2 should be filed with the funeral director, TO HOSPU. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be refolined by the haspital ar attending physician.

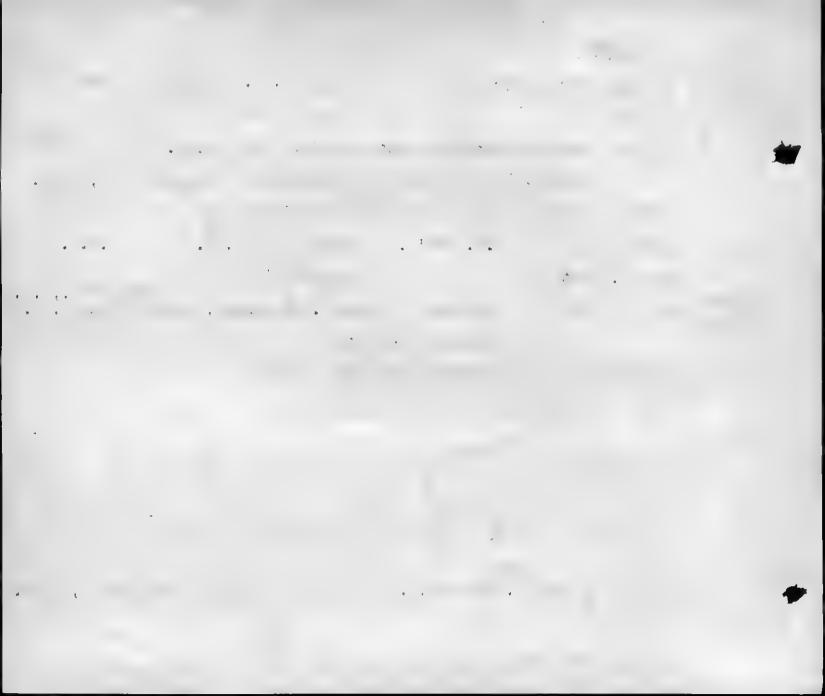
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/58

Cofter death. Page 4

J	2973		CERTIFIC	ATE OF	DEAT	ΓH		Reg. Dist.	No.	V 12
1 PLACE OF DEATH G. COUNTY	Prince Geo	orges	MARYLAND	2. USUAL R o. STATE		Where deceased rginia	lived, If institution b. COUNTY	on: Residence	before adm	nission)
b CITY OR TOWN (If a RURAL and give near Camp	outside corporate limit rest town) Springs	s, write c	LENGTH OF STAY IN 16	c. CITY (		f outside corpor	rote limits, write RI	URAL and giv	re nearest to	wn)
. A NAME OF HOSPITAL		ve street add	dress)	d. STREE	T ADDRESS	Cavlie	r Corrido	or	ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Mattie	-	Middle B	Frazi	Lost OT	4. DATE OF DEATH	Noverit		Boy 8	Year 19 60
Female	(1513	7 MARRIEL	NEVER MARRIED DIVORCED	B. DATE OF B	IRTH SEP	1897	9. AGE (In years lost birthday)	Months D	YEAR IF UN lays Hour	
USUAL OCCUPATION during most of working	g life, even if retired)	one 10b. KII	ND OF BUSINESS OR IND			ite ar foreign co			NOF WHAT	I COUNTR
13. FATHER'S NAME	C . )	1.16	1.1.		R'S MAIDEN					
R BUR	IN L S ARMED FOR	ES? 16. 50		INFORMANT	UNKI	JOW N	Addr	ress		
(Yes, no, or unknown) (If	yes, give wor or dates of se	rvice)		COL.	BRAC	SLEX.	1413 C	AVLIE	R CO	PRR.
Conditions, if any gove rise to improve (o), stoting the lying couse lost.	mediate DUE TO e <u>under</u> (c) R SIGNIFICANT COND	HG.	DONC hops  OCASTS  NITE BUT NO TO DEATH BL		TO THE TER	CAPTAN MINAL DISEASE		EN IN PART I	(2) 19 WA PERI YES [	LOYIT
20c. TIME OF INJURY Hour o. m.	EDICAL EXAMINER)	While _	_ Not while f	TACE OF INJUI actory, street, o	RY (Home, fo	orm, 20f (City	or Iown)	(Ca	unty)	(Stal
21. I certify that alive an 2 / ACTUAL SIGNATURE	l attended the	deceased 19.00	of work			LM, fram		d an the	date state	
220. BURIAL, CREMATION, SEMOVAL (Specify)		F, 2	22c. NAME OF CEMETERY	OR CREMATOR	4	nd Jogar	10h (City, town, o	of county) .	£3/0	tote) i
23 FUNERAL DIRECTOR'S Renaldi	Funeral	Hou	ADDRESS 816-H.	8t. nE		OV/9 '6	46	thun 2. 1	4 4	
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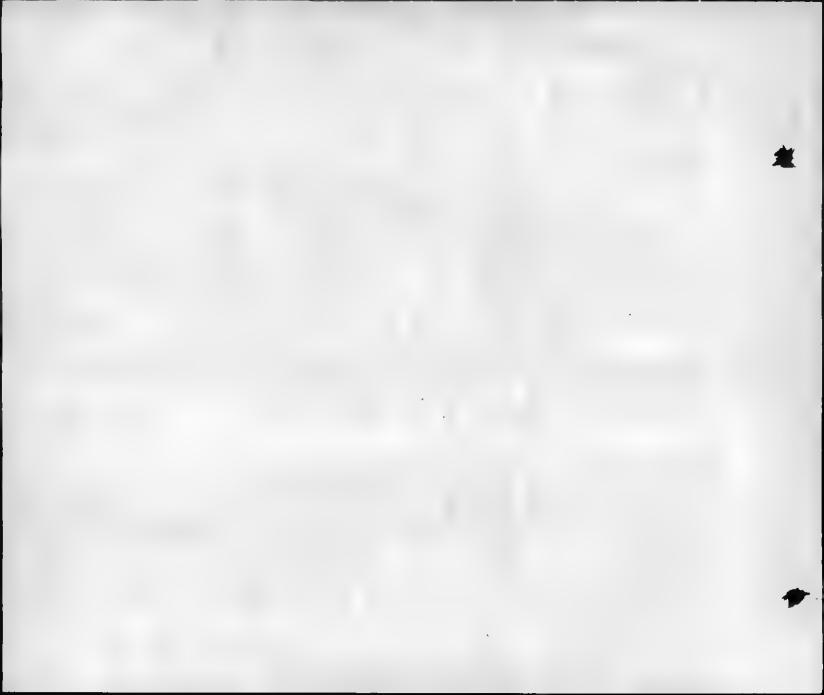


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If Institutions Residence before edmission) Page e. COUNTY b. COUNTY e STATE None Prince Georges County y is neces: b. CITY OR TOWN (if outside corporate lim ts. c. CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town, wr le RURAL and give neerest town) Washington Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 1909 Street YES NO TO NAME OF Middle DATE DECEASED the (Type or print) DEATH GERMATNE CATHERINE November With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) D. YORCED July 10. WIDOWED -10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) 8. Give Pages 1 form PM3. Peg Washington, U.S.A. Clerk pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie Cain John C. Reuter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no. or unkown) (If yes giv + wer or detes of service) Office along with burial-transit perm Louis P. Frederick. Washington, D. None unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion ... IMMEDIATE CAUSE (a) Office DUE TO Hypertension Heart Disease Conditons, if eny, which geve rise to immediate causa **DUE TO** (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO DO pino 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Item 18.) Ü 20e EXTERNAL CAUSE WAS PRIMARY \_\_ or CONTRIBUTING \_\_ 20d, INJURY OCCURRED , 20s. PLACE OF INJURY (Home, form, 20f, (City or lown) 20c TIME OF INJURY Month, Day, Yeer (County) (Stata) factory, street, off ce bldg., atc.] , While Not While jet work at work ease execute the certificate, v should be forwarded to the FUNERAL DIRECTOR: P. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry T and in my opinion agent, death resulted from-Natural causes Y. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S JAMES 22, 1960. November NAME (Type) Addrass (Street, city, town, or county) 220. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) 40 NOV 2 8 '60 VS. A15ME Outling of Powers 5M 7/59



0 may gub 8 3 shauld cute for certificate, writing the w farwarded to the Chief Medical O FUNERAL DIRECTOR; Page 3 st Vs. A15ME(S)

5M 9/55



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CE 11/16/60Ge 7 4 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased I ved, If institutions Residence before edmission) . COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate lights, LENGTH OF STAY IN TH c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write KURAL and give needest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address). d. STREET ADDRESS ". IS RES DENCE ON A FARM? J. NAME OF (Type or print) DEATH IF UNDER 7. MARRIED THEVER MARRIED AGE (In years off UNDER 1 YEAR may liiw lest bighday) 106. K ND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or fore gr. done during most of working life, eden if setired within A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME P.M.3 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn), (If yesgive warproaterofservice) 18% CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause 15 DUE TO (+), stelling the underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101, 19, WAS AUTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Pert I or Pert II of Item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. execute the certificate, writing Chief age 3 20d. INJURY OCCURRED, 20e. P.ACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) fectory, street, office bldg., etc.) While Not While led to the CTOR: Pa ef work et work 21. I certify that I took charge of the remains described above, held an Autopy 17, inspection 17. Inquiry 17 forwarded death resulted from: Natural causes Accident Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATUR DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEP 9929 226. BURIAL, CREMATION, 226. DATE THEREOF 222 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Arlington Nat'l. Cemetery Fort 240 p 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE NOV 16'60

YLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 12912 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)

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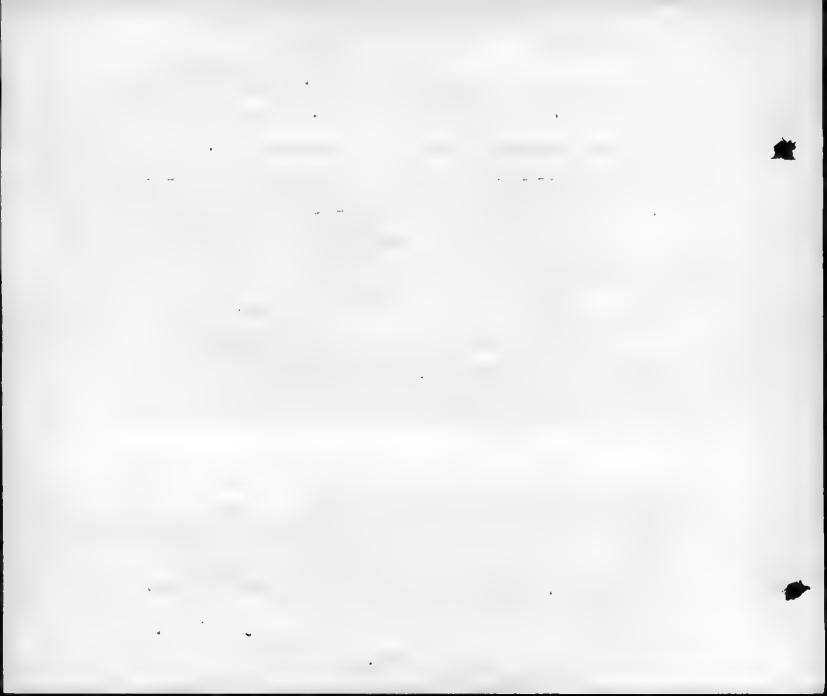
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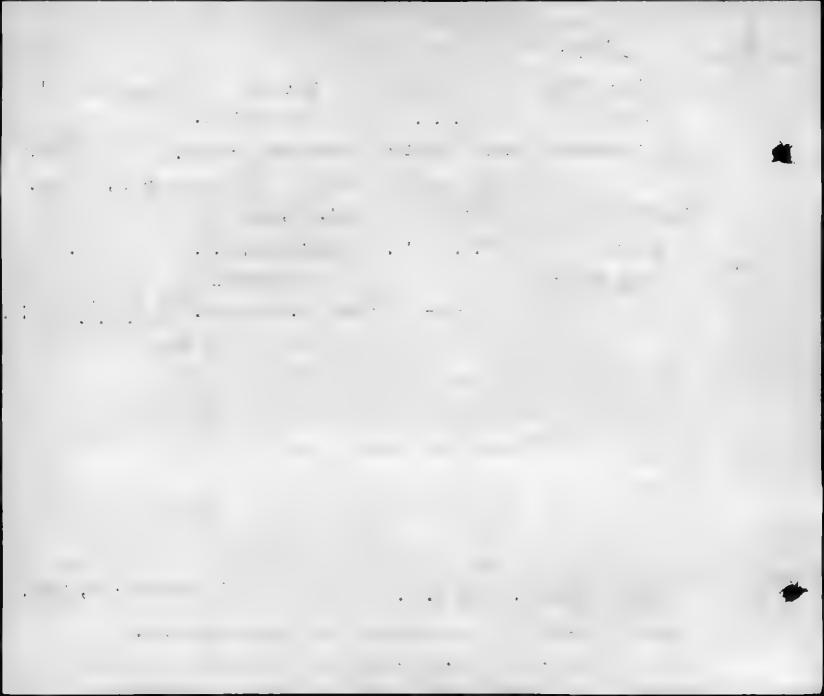
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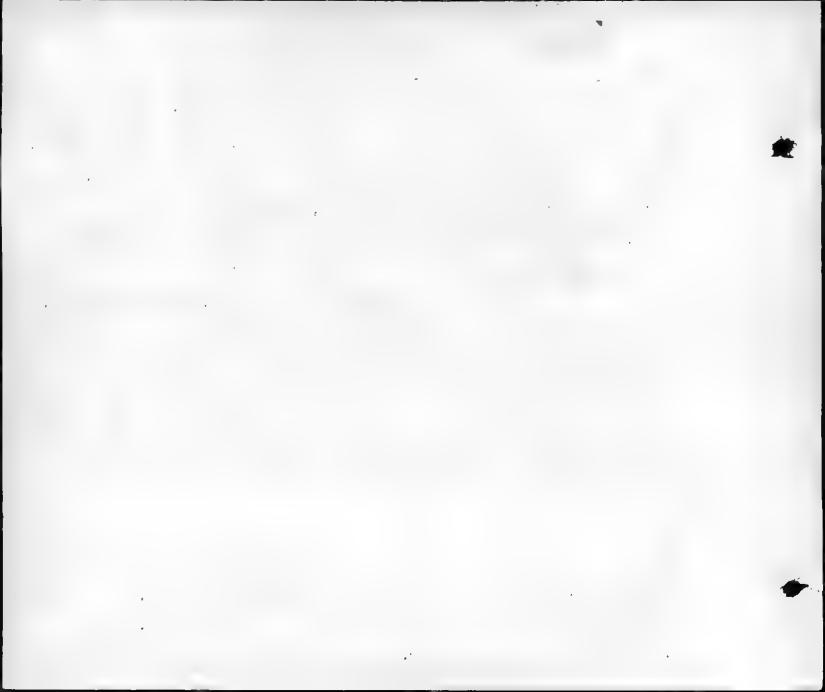
AND STATE DEPARTMENT OF HEALTH



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TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hg. after death. Page 4	may be returned by the haspital ar attending physician,	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled 15 Ty the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.	
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VS A15 (4) 1SM 9/SB

L		12374		CERTIFICATE OF DEATH						Reg. Dist. No.				
ī		George's		MĄRYLA	- 11	USUAL RES	oryla:	nd		institution DUNTY	n-Res der Pri			sion)
1	RURAL and give ne	fouts de corporate limitares lown)  ttsville		ENGTH OF STAY IN	116			ttsvi.			RAL and	give near	rest Law	n)
	d, NAME OF HOSPIT. OR INSTITUTION	At (if not in hospitol, g	ive street addr	522)		d. STREET		dison	Stre	et		•	ON A	IDENCE FARM?
3	NAME OF DECEASED (Type or print)	Iola	si	Middle	Gr	iffit]		4 DATE OF DEATH	No	Month <b>Vemb</b>		Day 18		Year 19 <b>6</b> 0
S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D	ATE OF BIRT	Ή		9. AGE (In	years	IF UNDER			ER 24 HR
L	female	white	WIDOWED T	DIVORCED		ov 25.	188	3	lost birt	hday) yrs.	Months	Days	Hours	Min.
1	On USUAL OCCUPATIO	ON (Give kind of work a ling life, even if retired	done 10b, KIND	OF BUSINESS OR							12 CIF	IZEN OF	WHAT	OUNTRY
L	House			n home			M	aryla	nd		U	SA	<b>b</b>	
13	FATHER'S NAME				1	4. MOTHER'								
L		George Pea	cock			Elis	zabeti	h Kirl	y					
15	Yes, no, or unknown)	R IN U. S. ARMED FOR		AL SECURITY NO	INFO	RMANT				Addre	225			
		no		10 0150	The	elma I	eacoc	ak	West	Hya	ttsv	ille	e, h	id.
	11	TH [Enter only one co TH WAS CAUSED BY. IMMEDIATE CAUSE (c		(o), (b), and (c) ]	RN	(A)	(1)	IEAD	CTIC	N			ET AND	TWEEN
	Conditions, if or gave rise to make the course to th	DUE TO	ARTI	SRIOSCL	ÉR	o TIC	HEI	HRT	13/2		SE	7	7	RS
NOTATION		ER SIGNIFICANT CON	E								N IN PAR	T 1(o) 19	PERFC	AUTOPSY ORMED?
CEDTIF		S UNDERLYING CONTROL  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	URRED. (E	inter nature	of injury in I	Port I or Por	t II of item	18)				
MEDICAL	20c, TIME OF INJURY Hour o.m.	Y Month, Doy, Yes	While	Y OCCURRED 20 Not while of work		OF INJURY , street, offic			r or fown)		(1	County)		(State
		ot I attended the	R. V	rom AU  , and that d  Jolfa		. 19 <u>27</u> corred at	9:05F		the cous	es ond	d on the		stated	
L	NAME (Type)	Henry R'W	OTIE				Unive	ersity						
2	PURIAL, CREMATION REMOVAL (Specify)  Burial	Nov 22	]	George					TION (City,				(Stot	le)
23	F. Gasch	SIGNATURE		ADDRESS				D BY REGIS	FRAR 24	. REGIST	TRAR'S SI	GNATUR	Eus	



Maryland

MARYLAND

Prince George's

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a STATE COUNTY

6 COUNTY

after death. Page 4

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Prince George's

PLACE OF DEATH

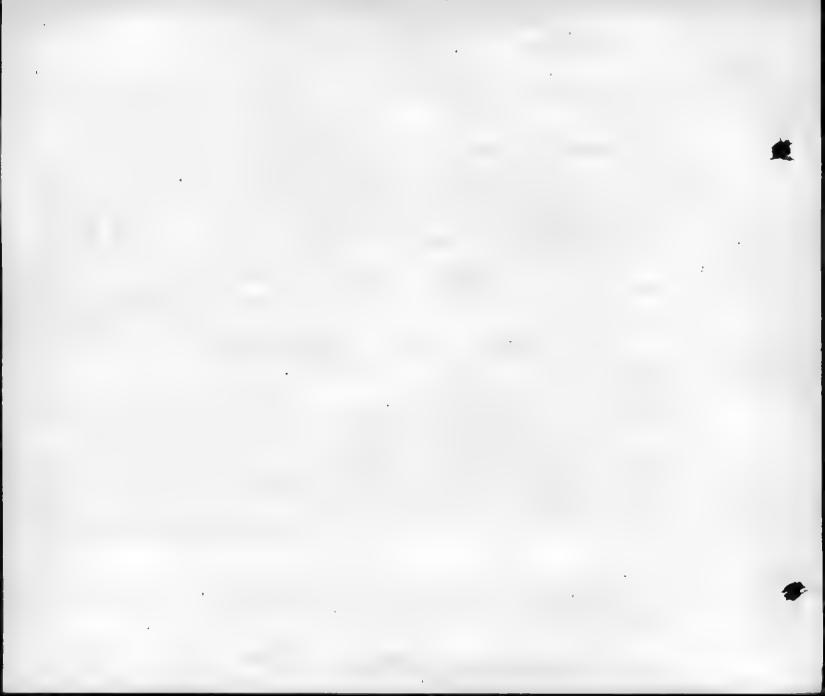
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2 should be filed with the funeral director, Pages 1 and may be refuned by the haspital ar ottending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbop-pepers. Pages 1 of the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours After death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI VR A15 (4) 15M 9/59

	OWN (If outside corporate limits	write c LENGTH OF STAY IN 16	. c. CITY OR TOWN (IF o	outside corporate limits, write RU	IRAL and give nearest town)				
	d give nearest town)	2 weeks	Univer	sity Park					
d NAME OF	HOSPITAL (If not in hospital, give	street address)	d STREET ADDRESS	520,7 2021	e IS RESIDENCE				
OR INSTITUTE	ince George's Ge	neral Hogoital	1 11/16 C	obesville Road	ON A FARM?				
3 NAME OF	Enter CEOFFE S CE	Middle	Lasi	1					
DECEASED (Type or prin				OF	/				
S SEX	. Intitail		ruber 8 DATE OF BIRTH	140 4 9 17	L 1960 IF UNDER 1 YEAR IF UNDER 24 HRS.				
Female		MARRIED NEVER MARRIED DIVORCED DIVORCED	10/6/84	9. AGE (to years last birthday) 70 yrs.	Manths Days Hours Min				
10a USJAL OC	CUPATION (Give kind of work don t of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
	Housewife	own home	England		USA				
13. FATHER'S N.			14. MOTHER'S MAIDEN N	IAME					
		Burley	E	nily ?					
IS. WAS DECEA	SED EVER IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY NO. 17 IF	FORMANT	Addre	25%				
(Yes, no, or unknow	(If yes, give war or dates of service	none	Wilburt Lee	Price Arlingt	ton Virginia				
18. CAUSE	OF DEATH [Enter only one couse		1		LINTERVAL BETWEEN				
	RT I. DEATH WAS CAUSED BY	m	Lact	To button	ONSET AND DEATH				
	IMMEDIATE CAUSE (o)	my caraca	informer	in posicie	L>				
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couse (a),	stating the under-	1- 1	t						
lying cou	se lost (c)	coronary as	lenosele	roses)					
PAR	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?  YES \[ \] NO \[ \frac{1}{2} \]								
20a ACCID OR CONTR (IF EITHER,	20a ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18 ) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME O	10	20d INJURY OCCURRED 20e PL While Not while at work at work	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc	20f. (City or town)	(Caunty) (Stote)				
			5.14	1/ 9/ 00 11	. 10				
		attended the deceased fram			, 19.6.0, that (i) (we) last				
	deceased alive an ROV	1960, and that a	leath accurred al 50	M, from the causes and	d on the date stated above.				
220 SIGNA	AURE .	m. 100	ATTENDING . M	FD STAFF	22b. DATE SIGNED				
(0)	Jour F.	/ ferrall	M.D. PHYS DI	RECTOR   PHYS	11/81/60				
22c. PHYSIC NAME		Mendel	22d. ADDRESS 4506 Col	lege Ave. Colla	age Park, Marylan				
23a BLRIAL CI		23c NAME OF CEMETERY O							
Burra	(Spec fy) 11/14/60	Rock Creek		Washington I					
24 FUNERAL DI	RECTOR'S SIGNATURE	ADDRESS	2So. REC'	D BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE				
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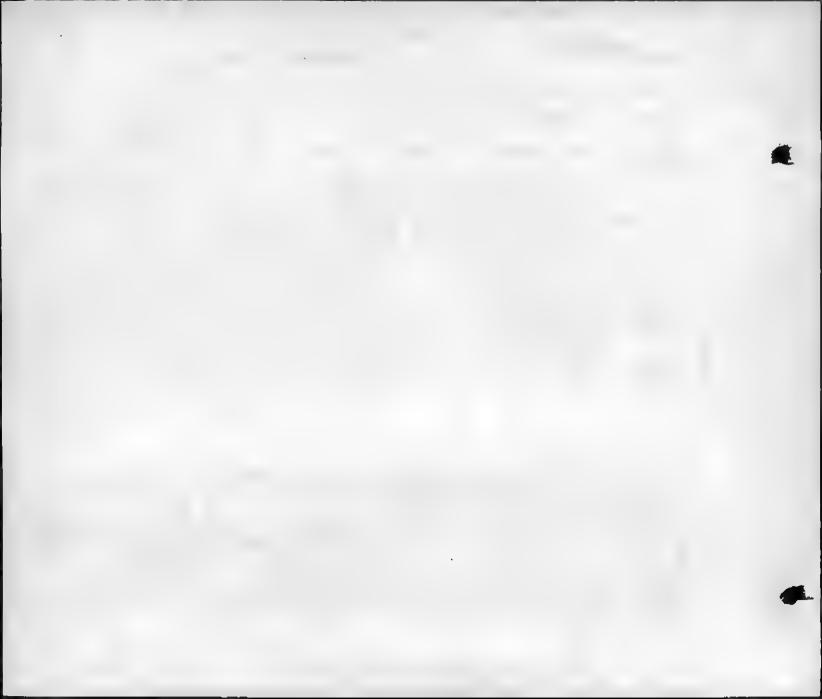
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o. STATE b. COUNT MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town RURAL and give nearest town) d NAME OF HOSP TAL (If not in haspital, give street address) STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION YES NO puo NAME OF DECEASED DATE Middle 4 Lost Month Year OF fille Poges (Type or print) DEATH VOV 19 (10 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 50 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys WIDOWED [ DIVORCED [ NO USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) ONSELOR ofter 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME NATHERINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address No 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OCONDY. OCC. IMMEDIATE CAUSE (6) DUE TO ć Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or lawn) Day, Year 20d INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Haur o.m. While Not while of work at wark 19 Da to PRZent 21. I certify that I attended the deceased from \_//\_1505 ... 19\_\_\_\_that I last saw the deceased alive on and that death occurred at FaM, from the couses and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 60 PHYSICIAN'S FUNERAL NAME (Type) (r) 220 BURIAL, CREMATION. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, (Stote) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24b VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
b. CQUNTY
I I I C. (Legge 4)

b. COUNTY

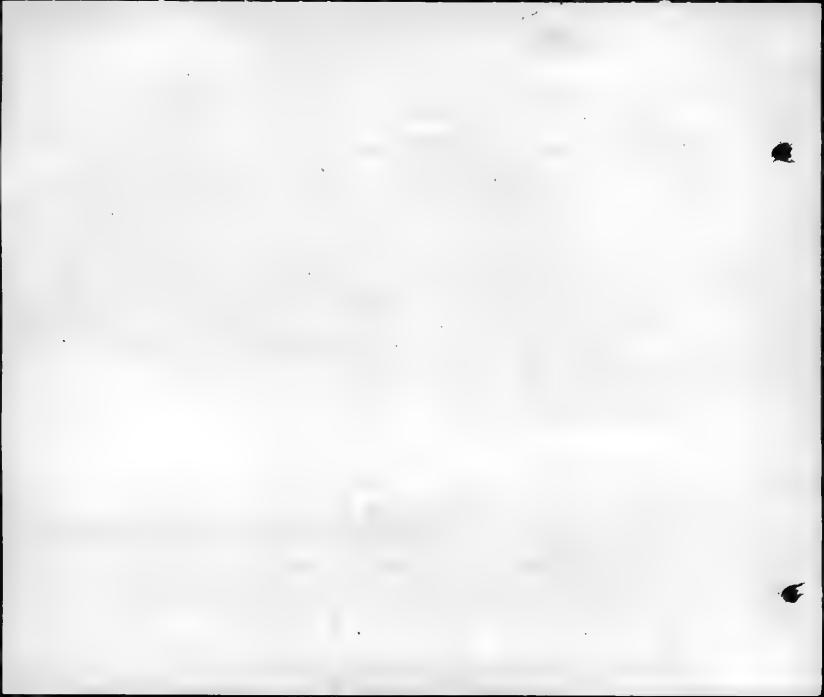
1. PLACE OF DEATH

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ofter death. Page 4

cate be axacuted within 21	sicion and completely filled	ve carbon papers. Pages 1	within 72 hours after death.	(
the disath ce	he attending	hen please n	nd in any eve	
TO HOSP! ATTENDING THYTICIAN: The low requires that the diath certificate be axacuted within 21	FO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled	page 3 should be detached far use as the burial-transit permit. It	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.	
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54,		d. NAME OF HOSPITAL (IF not in hospital give street oddress) OR INSTITUTION DON: Prince George General Hospital Test Done  ON A FARM? YES DING
	1	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DEATH  A. DATE Month Day Year OF DEATH  A. DATE Month Day Year OF DEATH  1960
		SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (n years last birthday)   Manths   Days   Hours   Min
		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country)  12.CITIZEN OF WHAT COUNTRY 11 BIRTHPLACE (State or fareign country)  12.CITIZEN OF WHAT COUNTRY 11 BIRTHPLACE (State or fareign country)  12.CITIZEN OF WHAT COUNTRY 12 BIRTHPLACE (State or fareign country)
		FATHER'S NAME  (1-1'-1'-1'-1'-1-1-1-1-1-1-1-1-1-1-1-1-1
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  17. INFORMANT  Address  Address  Address  Address  Address  Address
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) HOUTE WAS CAUSED BY.  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) HOUTE WAS CAUSED BY.  PART I. DEATH WAS CAUSED BY.
		Conditions, if any, which (b)
		gave rise to immediate couse (a), stating the <u>under-lying couse tost.</u> OUE TO  Lying couse tost.
O	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19 WAS ALTOPS PERFORMED?  YES NO
	IL CERTIF	206 ACC DENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m.  p. m. 19 20d INJURY OCCURRED While at work
		21 I certify that (I) (this haspital) attended the deceased from DUTO 19 27 to 4 xxxxxx 19 that (I) (we) is sow the deceased alive on 11-12-19, and that death accurred at 14.3 M, from the couses and on the date stated above
·		sow the deceased alive on 1 1 10 19 , and that death occurred at 1 M, from the couses and on the date stated above 226. SIGNATURE ATTENDING ATTENDING DIRECTOR DIRECT
		PACE PHYSICIAN'S NAME, (Type) AM C. WEINTRAUD, M.D. 22d. ADDRESS GARAGE (Type) AM C. WEINTRAUD, M.D.
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d .OCATION (C ty. town, or county) (State)
	24.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  (1) 1



MARYLAND STATE DEPARTMENT OF HEALTH



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12976 **CERTIFICATE OF DEATH** Rea. Dist. No. COUNTPrince Georges 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b COUNTYPrince Georges MARYLAND b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest lawn) d. NAME OF HOSPITAL (If not in hospital, give street address) Rogers Heights 50vra. . IS RESIDENCE ON A FARM? YES NO 5020 5020 F6 AVENUE First 4 DATE Middle Month Year Doy (Type or print) Glenn Audleigh 1960 Hynson November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Days Hours WIDOWED | DIVORCED [ Whi te 60 YII. 8,1900 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Electrician 13. FATHER'S NAME Richmond County Va II.S.A 14 MOTHER'S MAIDEN NAME Addison Glena Hynson Laura Belle Lampkin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ouler accident ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Canditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While Not while of work of work 7 1960 that I last saw the deceased 21. I certify that Lattended the deceased from and that death accurred at 122 M, from the causes and an the date stated above. alive on\_ ADDRESS (Street, city or town, state) DATE SIGNED. ammende PHYSICIAN'S Rosenberg M. A. NAME (Type) Barry 220 BURIAL, CREMATION, 226 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)

Washington

246 REGISTRAR'S SIGNATURE

Chilling & Brand

24g. REC'D BY REGISTRAR

DATE NOV 2 9 '60

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ADDRESS

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DIRECTOR should FUNERAL 3 0 15M 9/55

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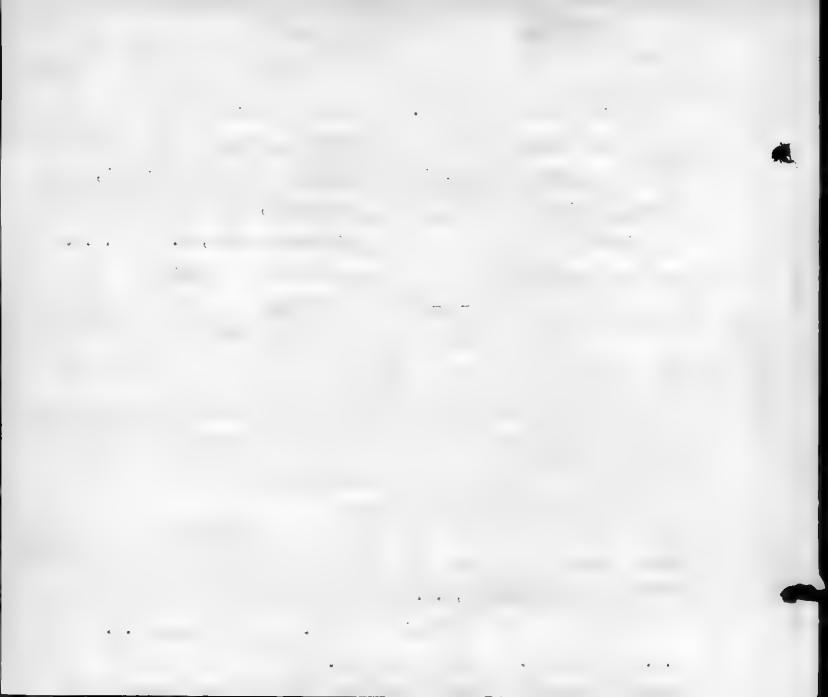
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Burlal

23. FUNERAL DIRECTOR'S SIGNATURE

Chambers



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VS. A15ME(5)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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writing the whief Medical 1 OR: Page 3 sh

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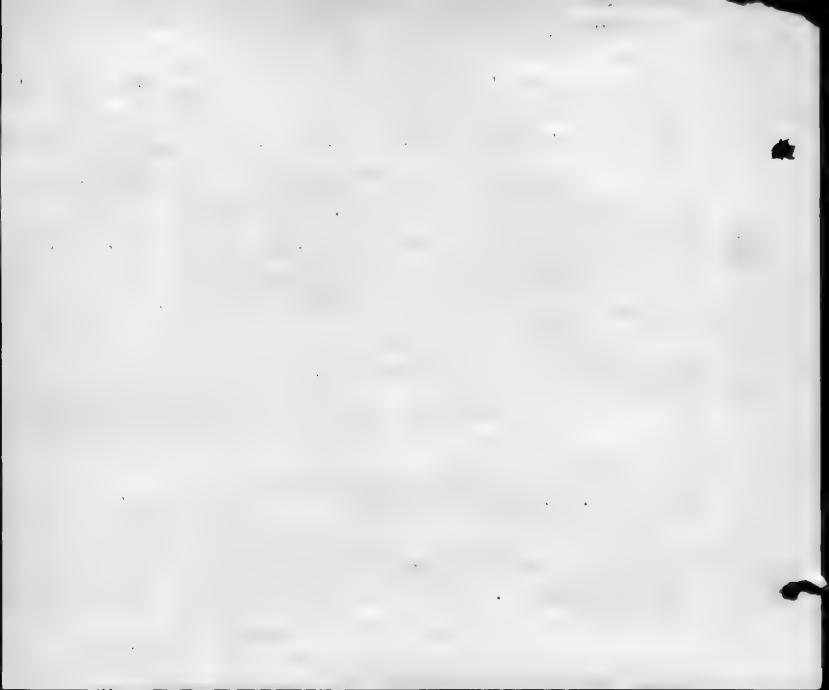
## FOR STATE HEALTH DEPT.

TE DEL CIX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the taneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Age 5 may be retained for your That TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Board DIFFesh, or its designated agent, prior to burial, cremation, or removal, and in any event Within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 129 129

	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution Residence before edmission) 3. COUNTY 4. STATE 5. COUNTY
	Prince George's MARYLAND  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate I m is, write RURAL and give nearest town)
21	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  ON A FARM?
	Prince George's eneral Hospital 11907 Ellington Drive
	3. NAME OF DECEASED Clarence Johnson DEATH November 19 . 19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  LICALE COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Oct. 2. 1958  9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS last bribday) Months Days Hours Min  2/15.
	doe. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. C TIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. A.
	Elmore Johnson  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) [If yesgive were orderes of services]  Nargaret Thomas  Margaret Thomas  Nargaret Helena Thomas, same as # 2
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)  INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pulmonary edema
	872.0 DUE TO
	Conditions, if any, which Salicylate poisoning
	geva rise to immediate cause [a), stating the underlying DUE TO
	couse lost. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 17 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARYN OF CONTRIBUTING CONTRIBUTING COURSED. (Enter neture of injury in Pert I or Pert II of Term 18.)
Oa.	Indoctor colinariotor
1	Ingested salicylates  20c. TIME OF INJURY Month. Dey, Year 20d. INFURY OCCURRED 200. PLACE OF INJURY (Home, farm, Place of Injury (Home, farm, Place of Injury)  Beltsville P. G. 14
	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner XX
A.	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE BIGNED
	DEPUTY MEDICAL EXAMINER NOVEMBER 19, 1960
	22e, NAME (Type)  22e, NAME OF CEMETERY OR CREMATORY  22d, LOCATION (City, town, or country)  22d, LOCATION (City, town, or country)  (State)  (State)
	23. FUNERAL DRECTOR LOS LOS LOS ALGERES ALGERIA DE 1240. NOV EZ REGISTRAR SIGNATURE CITATION DATE



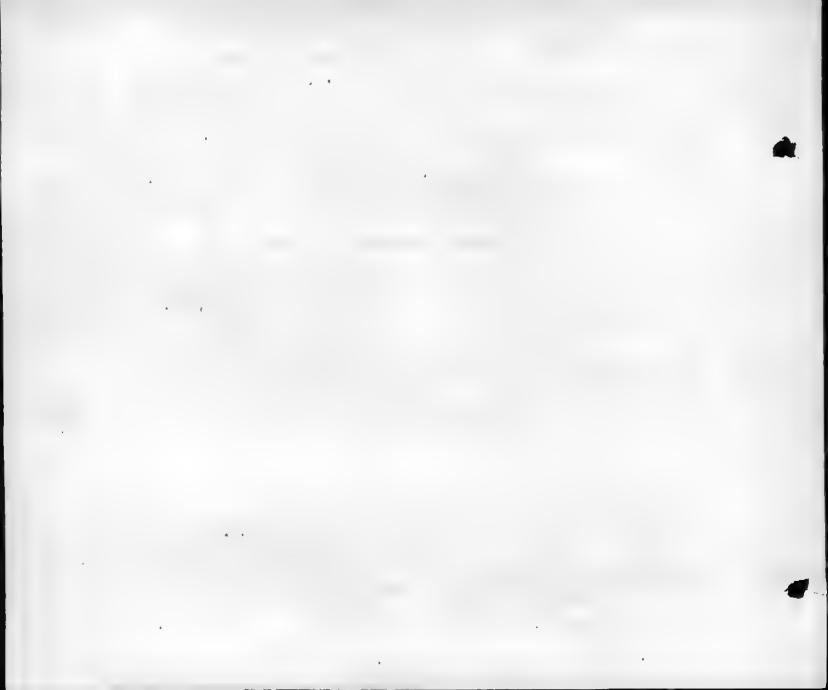
	1. PLACE OF DEATH			2. USUAL RES	DENCE (Wh	ere deceased lived.		on: Residence bei	fore admission)	
	• COUNTY	J. Tryat A	MARYLAN	D a. STATE		ь.	COUNTY	rince Ge	OTTO	
	b. CITY OR TOWN (If outside RURAL and give nearest low	corporate limits, write	c. LENGTH OF STAY IN	16 c. CITY OR		ulside corporate fimi	ts, write RI			
	Chever]	Ly	31	42 Ch	42 Cheverly					
	d NAME OF HOSPITAL (If not OR INSTITUT ON	in haspital, give street	address)	d STREET	ADDRESS				e. IS RESIDENCE	
		George Gener	ral	28	08 Lau	rel Ave.			YES NO	
6	3 NAME OF DECEASED	First	Middle	Lo	st	4. DATE	Mont	th C	Day Year	
	(Type or print)	Frank	G.	Kohle	20	OF DEATH	Mon	- 0	1960	
	5 SEX 6 COL		IED . HEVER MARRIED						R IF UNDER 24 HRS	
	Male Wh	ite WIDOWE		_	_0),	lost b	pirthday) yrs	Months Days	Haurs Min.	
	10a. USUAL OCCUPATION (Give during most of working life, o	kind of work done 10b.	KIND OF BUSINESS OR IN			or fareign cauntry)		12 CITIZEN C	OF WHAT COUNTRY	
	Retired	24	onery Engir	mer G	rmany	r		USA	,	
	3. FATHER'S NAME			14. MOTHER'S						
	Unknown			Bei	ctha M	iller				
1	15 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16.	SOCIAL SECURITY NO	7. INFORMANT			Addr	ess		
	(Last 10% or ourseass) (Lis Aest Side	war or dated of service,	E	lla Hedge	e C	heverly.	Md.			
	18. CAUSE OF DEATH [Ente	er only one cause per lin						IIN	TERVAL BETWEEN	
	PART I. DEATH WAS		11 1	1 12m	11111	100	e dev	ON	SET AND DEATH	
	1 13	ATE CAUSE (o)	7	100 /-1	7	2	1	1		
	Conditions, if ony, which	<b>1</b>	adin	210	Hans	1 12 16	to	(14°)		
	gove rise to immediat	e ( District	J. acri	ic one	CC-LC	, / 0 000	7	V WW	Jap.	
	lying cause lost.						U	1		
		(c)	ONTR BUT NG TO DEATH	BUT NOT PELATED TO	THE TEDALIS	IA DISEASE COND	IT ON C V	SALINI DADT 1/a)	10 WAS AUTORS	
	IT .		OTTA BOTTO DEATH	DOT NOT REDAILS IN	J IIIL I EKMII	ANT DISEASE COIND	1040 1	EN IN PART (O)	PERFORMED?	
-1	YES NO [] 200 ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.)									
	PART II. OTHER SIGNS  200 ACCIDENT WAS UNDER OR CONTRIBUTING — CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH EXAMINER)	THE HOW BUILDED OCCU	KYPD (Pule Minist	se injuly to et	git i of Fight ii of the	10 )			
	\$ 200 TIME OF NJURY MONTH		JURY OCCURRED 20e	PLACE OF INJURY	Home, farm,	20f (City or town	)	(County	r) (State	
	Hour o m	19 While	Not while	factory, street, offic	e bing , erc )					
	21 I certify that (I) (th	is bosnital) attend	ed the deceased fro	m 10.25	196	10.10/12	4	1066.	that (1) (we) las	
	saw the deceased aliv	(/ )   (		ot death accurre						
Λ	220 SIGNATIONE	> ( )	O .=, ) dild me	or dedit discorre	d di zas	A MANUAL CO	oses and	a dir me dar	22b DATE	
4	Chl.	zet ll	(10).	M.D. PHYS		STAF	f	//	1-26 spongs	
	22c. PHYSICIAN'S NAME (Type)	D. L	1 10	22d ADPR	ESS LIC	11	IV.	1		
Į	<u></u>	PELL 3	MIL	175	1473	VIIC 1		<u>(1:</u>		
	23o. BURIAL CREMATION, 23b. REMOVAL (Specify)	DATE THEREOF	23c NAME OF CEMETER			23d LOCATION (Cr			(Stote)	
	Burial No		Washington	National		Suitlan	d Md.			
	24. FUNERAL DIRECTOR'S SIGNAT		ADDRESS		25a. REC'D	BY REGISTRAR	25b REGIS	TRAR'S SIGNATU	JRE	
	Gasch!	s Sons Hva	ttsville M	d	DATE NO	V 2 9 '60	O.	Char & Kin	and.	

ofter death. Page 4

shauld be filed with r the funeral directar, LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be recained by the haspital ar attending physician.

TO FUNERAL DIRECTOR. After this cert ficate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death

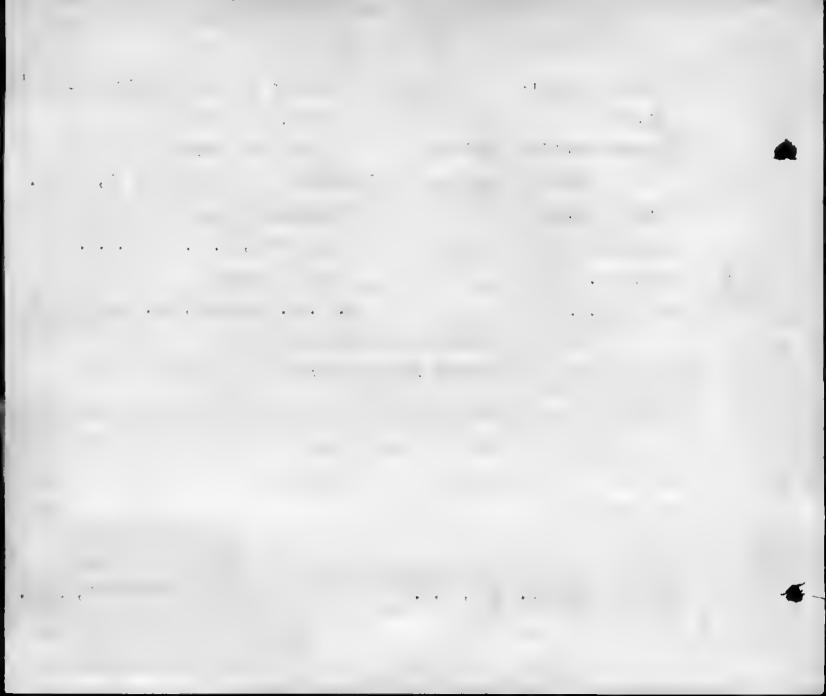
TO HOSP VR A1S (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) I director, Page for your files. a. COUNTY a. STATE b. COUNTY Prince George 1 & MARYLAND Maryland Prince Geor c. CITY OR TOWN (if outside corporate I m ts, write RURAL and give neerest town) George e. LENGTH OF STAY IN 16 write RURAL end give nearest town) Hyattsville Riverdale
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) IS RESIDENCE ON A FARM? YES NO Leland Memorial Hospital 3. NAME OF and 3 to the DECEASED OF with the (Type or print) DEATH 60. es 1, 2, and 3 to it Page 5 may be r if and 2 with the CARRIE November B. DATE OF BIRTH AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED last birthdey) | Months DIVORCED WIDOWED buld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, at the pencil in Item 18. Fage 5 r 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retirad) D. Own Home Washington, within Housewife Office along with form PM3. burial-transit permit, Elle page 14. MOTHER'S MAIDEN NAME Matthew S. Mckeown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Olive Nichols Avent Address (Yes, no, or unkown) | (Ifyasgivewarordalasofservica) W.W. I Mr. L. I. Lamphier, Sr. Same as any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Intracranial Hemorrhage IMMEDIATE CAUSE (a) DUE TO removal, Cerebral Arteriosclerosis (b) "pending" gave rise to immadiate causa **DUE TO** (a), stating the underlying ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner" 80 ceusa last. cremation, o PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118. 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 NO X pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. Whila Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X Natural causes V Suicide Undetermined manner death resulted from: Accident Homicide | CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER November M.D. NAME (Type) Address (Street, city, town, or county) DEF (State) 220. BURIAL, CREMATION. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) £40 ₽ O 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12910 12977 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give neorest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION IS RESIDENCE d. STREET ADDRESS SOUTHERN MARYLAND YES INO 4. DATE Middle Last Day Year OF DEATH 19600 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH Months Days DIVORCED [ WIDOWED [ TOG. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME UNKHEWA ARMED FORCES? 16 SOCIAL SECURITY NO. **INFORMANT** Address yes give war or dates of service NTPRYAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ELIMEPHRITUS DUE TO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES 🔲 NO Z 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

Conditions, if on which gove rise to immediate couse (o), stoting the underlying couse lost.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ENHER, NOTIFY MEDICAL EXAMINER)

Morth. Day. Year

20d IDDURY OCCURRED

20e PLACE OF IDINIRY (Home, form, 20f (City or town) foctory, gree

(County) (Stote)

21. I certify that I attended the deceased from

and that death accurred at 4

page 19 that I last saw the deceased \_M, from the causes and an the date stated abave.

ACTUAL PHYSICIAN'S NAME (Type)

220. BUR AL, CREMATION. REMOVAL (Spec by

226. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, og county)

(State)

23 FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR DATENOV 2 9 '60

246 REGISTRAR S SIGNATURE arthur S. Thrank

TO FUNERAL DIRECTOR: page V5 A15 (4) 15M 9/58

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PLACE OF DEATH

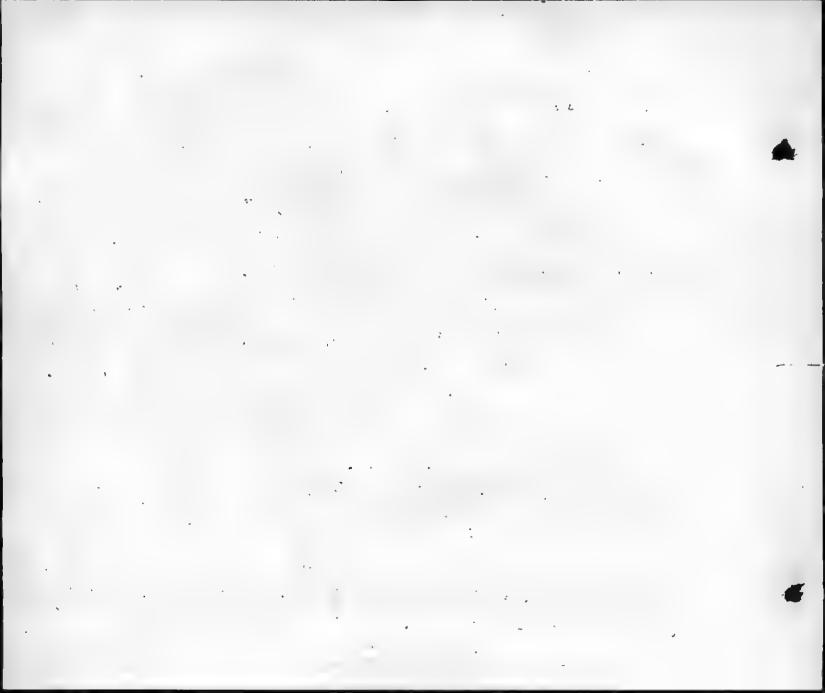
o. COUNTY

NAME OF

DECEASED

5. SEX

(Type or print)



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12953

### CERTIFICATE OF DEATH

12917

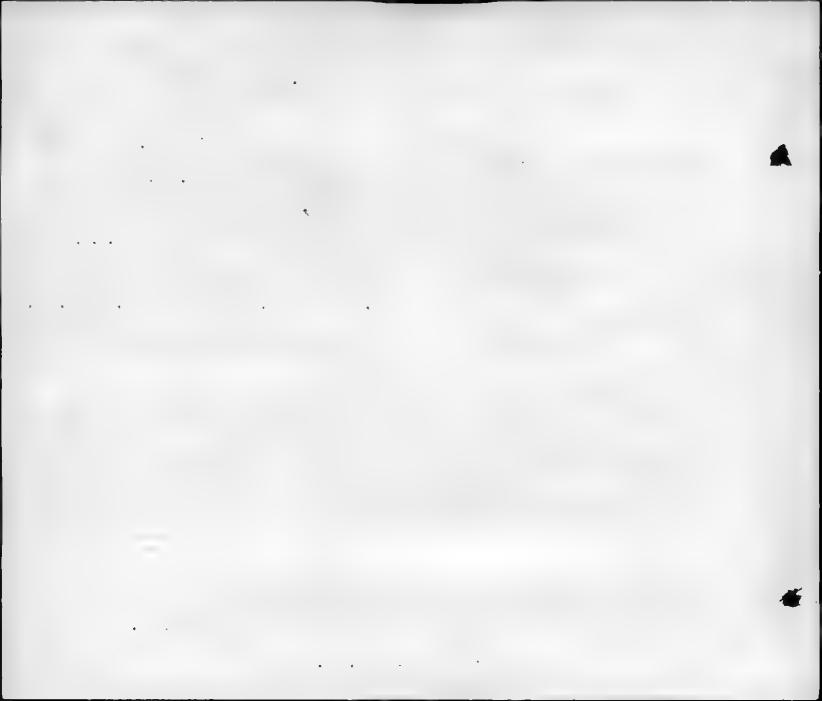
J	-T 43.48.48					R€	g. Dist. No.			
-	PLACE OF DEATH		2 USUAL RESID	DENCE (Who	ere deceased lived.		Residence before	admission)		
34	Prince George	MARYLAND		Md.	l	b. COUNTY		-		
1	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16			itside corporate lin	nils, write RURA	L and give neare	st fown)		
ı	Laurel	ll Days		Baltir	nore	42	L 1.1	#		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET A	DDRESS			٠.	IS RESIDENCE ON A FARM?		
1	Laurel General	Hospital		4212 1	Park Heig	hts Ave		YES NO NO		
1	3. NAME OF (Also Lena or Lina)	Middle	Los		4. DATE OF	Month	Doy	Year		
1	(Type or print) Antoinett	e (NMI)	LaRosa		DEATH )	Vov. 27,		19		
	77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		DATE OF BIRTH		last	The second second	UNDER I YEAR II	Hours Min		
	Female White wipow		March 25		57 7	3 yrs.				
1	100. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	DUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN					WHAT COUNTRY		
Į	Housewife	At Home		taly			U.S.	A.		
1	13. FATHER'S NAME		14. MOTHER'S	MAIDEN N.						
1	Salvatore Cuci				Unkno					
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no or unknown) [If yes, give wor or dotes of service]		FORMANT		1000 11	Address	D 1 D	24 242		
	No	None Mrs	. Kosa	Dami Co	,4300 Wo	odridge	Rd. Ba.	Lto. Md.		
1	18 CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c) ]  PART I DEATH WAS CAUSED BY. (b) ONSET AND DEATH									
1	PART I. DEATH WAS CAUSED BY: Corebral Herrorchage & Cordia Exiling									
1	DUE TO			1						
ı	Conditions, if ony, which }	relaral He	mor	26	· · Con	alice .	seles.			
1	gave rise to immediate DUE TO									
-	tying couse lost	evelral Hen	rost	hage	L Con	ding Es	eline			
1	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMIN	VAL DISEASE CON	DITION GIVEN I	N PART 1(a) 19.	WAS AUTOPSY		
1	PART II. OTHER SIGNIFICANT CONDITIONS						1	PERFORMED?		
		SCRIBE HOW INJURY OCCURRED	(Enter nature of	injery in P	ort I or Port 11 of i	item 18.)				
	UF EITHER, NOTIFY MEDICAL EXAMINER)									
	20c TIME OF INJURY Month, Doy, Year 20d. I	INJURY OCCURRED 20e PLA	CE OF INJURY I	fome, form.	20f (City or tow	vn)	(County)	(State)		
	20c TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 of war	NOT WHITE	lory, street, office	bldg., etc.)	•					
	21. I certify that I attended the deceas		10/0	ha 11	-27	10/00				
	alive on 11 - 2 6 19 6									
	dive on 1	$\mathcal{Q}_{\perp}$ , and that death	occurred dif					stated above  DATE SIGNE		
ı	ACTUAL ON OF THE OWN T									
1	SIGNATURE & CLOTO YELLO	abrier - h	A.D 305	Mari	il george	-11-	insely the	L. UZL		
1	PHYSICIAN'S NAME (Type)				•					
-	220 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	COEMATORY		22d LOCATION (	City town		(\$4=4=)		
	REMOVAL (Specify)	Cathedral (			Balti	more. M	Id.	(Stote)		
1	Burial LL/30/60 23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Die DEC'D	BY REGISTRAR		R'S SIGNATURE			
	11/1/	and the De	14. 3/3	DATE D	DI REGISTRAR	ATU- NEURISTRA	- /-			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be rained by the haspital or attending physician.

TO FULERAL MRECTOR: After this mertificate has meen signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A1S (4) 15M 9/SS

U

Alle Marie



Dr.Riverdale.

CERTIFICATE OF DEATH

10000	THICALE OF DE		
1. PLACE OF DEATH	2 USUAL RESID	ENCE (Where deceased lived If institu	
Prince Georges	MARYLAND Q. STATE	Wash. 22 D.C	Prince Georges
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	STAY IN 16 c. CITY OR T	OWN (If autside carporate limits, write	
Cheverly 2 d	ays JA V	I sh., 22, D.C.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET AT		B IS RESIDENCE ON A FARM?
Prince Georges General Lospi	tal 699	7 Allentown, Rd	YES NO
DECEASED	Middle Last	OF .	North Day Year
WEGGE C	Lincoln	Nove	ember 24 1960
S SEX 6. COLOR OR RACE 7 MARRIED NEVER White WIDOWED D!	MARRIED   B DATE OF BIRTH	A lost highday	
100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSH Stationary Engineer Retired US Go	iess or industry 11 Birthpu	CE (State or foreign country) ington, D.C.	12. CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME Eugene Lincoln	14. MOTHER'S Mary 1	MAIDEN NAME Clizabeth Phelps	
15 WAS DECEASEDEVER IN U. S ARMED FORCES? 16 SOCIAL SECURI (Yes, no. of unknown)	TY NO 17 INFORMANT George F. 1		ddress Pines Dr.Riverdal
18. CAUSE OF DEATH [Enter only one couse per line fail (a), (b), a  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise ta immediate cause (o), storing the under- lying cause last.  (c)	te pul-	edence	INTERVAL BETWEEN ONSET AND DEATH
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THETERMINAL DISEASE CONDITION (	GIVEN N PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)   206. DESCRIBE HOW INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED (Enter nature of	injury in Part I or Part II of Stem 18 )	
200 TIME OF INJURY Manth, Day, Year 20d INJURY OCCURR Haur a. m p. m. 19 at wark of wark	factors start -65'		(County) (State
			and an the date stated above
220 SIGNATURE CLEAR / CET	ATTENDING	MED. STAFF	22b. DATE 11/25/1960
22c PHYSICIAN'S NAME (Type) Albert Roth	22d ADDRE Riv	Madison Street, erdale, Md.	
23a. Burial, CREMATION, 23b. DATE THEREOF Washin. Burial 11/29/1960	r cemetery or crematory agton Nat'l Come	tery Suitland Rd	n, ar caunty) (State) Pr. Geo.Co., Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	verdale, Md	CATELL 0 - 100	GISTRAR'S SIGNATURE
***************************************		HULL 3 DV	thur of toward

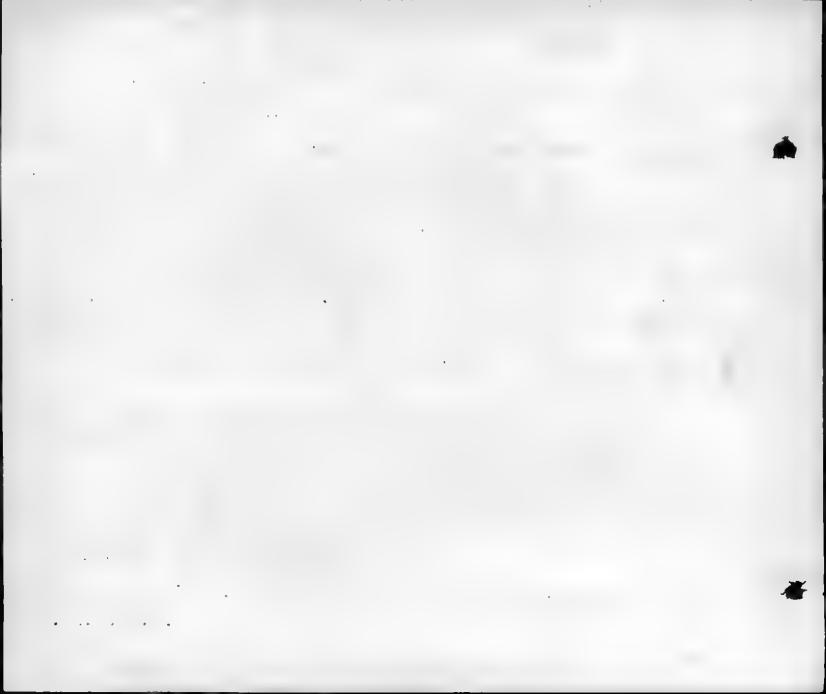
ofter death. Page 4 the funeral directar,

should ottending physicion and completely filled remave corbon popers. Pages 1 event, within 72 haurs after death. eose by the

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit, the State Board of Health priar to burial, cremation, or remavol.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

VR A15 (4) 15M E/59



4	ter 28 Film 274 MARYLA DIVISION OF STATIST	ND STATE DE		HEALTH MORE 1, MARY	LAND		1.0	017
	12978 File 027	CERTIFICATI	E OF DEATH	וו גר וו	L Wilm	6,79.2	16	514
	PRINCE GEORGES	MARYLAND	USUAL RESIDENCE (WHO STATE CALIFORN.	ere deceased lived			fare admiss	on)
1		OTH OF STAY IN 16	c. CITY OR TOWN (If o	sulside carporate lin	nits, write RLI	Al ond give n	earest fowr	1)
	ANDREWS AIR FORCE BASE 1	5 DAYS	FRESNO		بها	7 X -	=	
0	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  USAF HOSP ANDREWS APP	B. WASH.DC	d STREET ADDRESS 3019 HEDGI	es street	ı			PARM?
	B. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	I	Day	Year
	(Type or print) EDWIN WILL	II MA	PPINCOTT	DEATH	NOVE			19 60
	S SEX 6 COLOR OR RACE 7. MARRIED 1	NEVER MARRIED   B.	DATE OF BIRTH	9 AG		Months Dovs		R 24 HRS
_	MALE CAUCASIAN WIDOWED		20 June 1920		40 yrs			
	0a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTR	1 1			12. CITIZEN	OF WHAT C	OUNTRY?
1	US AIR FORCE US	AIR FORCE	2 Ore			UNIT	ED ST.	ATES
	A FATHER'S NAME		MOTHER'S MAIDEN N		A 14 WA A 15 WA			
4	/ Fred S. Lippincott, or. ?  s. was deceased ever in u. s. armed forces? 16. social s	SECURITY NO. 17 INFO	14.	eth(maid	Addre		IOWIL)	
	(Yes, no, or unknown) (If yes, give war or dates of service)			SDAAIDET				
-	YES 1941-46 51-60 723-1		SPITAL AND P	eirs(o)nnieil	RECORD		TERVAL BE	TWEEN
	PART I DEATH WAS CAUSED BY	(b), and (c) ARR	HYTHMIA	V1.11111	Butte	, 0	VEY VA	DEATH
	IMMED ATE CAUSE (o)	1999917977	1 11 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	grann/1//	HALL		157 "	MRAC
	Condition if any which \	11.17.14.10132	41114	1118411	dEH1	1	Jake	1000
	gave rise to immediate WOLF	F PARKINSO	N WHITE SYN	DROME	P4101 4-10		<u> </u>	10-4
	lying cause last.							
1	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE CON	DITION GIVE	V IN PART I(a)	19 WAS	AUTOPSY RMED?
	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTED							№ □
	200 ACCIDENT WAS UNDERLYING   206 DESCRIBE HO OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED	(Enter nature of injury in	Part I or Port II of	item 18 )			
	20c. TME OF INJURY Manth, Day, Year 20d .NJURY O Hour o. m.  19 all work [] of a		E OF INJURY (Home, form ry, street, office bldg., etc.		vn)	(Caunt	у)	(State)
	Hour o.m. While Na al work ☐ ol w	t while toctor	, , sicos, orino piog., oic	7 1				
	21 I certify that (I) (this hospital) attended the	deceosed from 2	-7 Oct 19	(x) 10 10	nov	19_[12]	that (I)	we) last
1			oth occurred at	Myrom the	auses ond	on the do	te stated	obove.
	220 SIGNATURE		ATTENDING _		er		22	S GNED
1	Columb E. Color	W	D PHYS D	RECTOR PH	YS 🗆		16	Novlo
Л	22c. PHYSICIAN'S NAME (Typpe DELTEN) TO THE OWNER A CLADE	TICATE MO	22d. ADDRESS	ANDDERIO	A BITTATATE S	T CIETA D'	TACTE	0.E D
	ZEDWIN E WESTURA CAPT			ANDREWS,	ANDREW	S AFB,	MASH	45. I
	23c BLR AL, CREMATION, 23b, DATE THEREOF 23c N. SEMOVAL (Specify) NOV. 16, 1960	AME OF CEMETERY OR (	CREMATORY	FRESNO	10	FORN:	(Stat	e)
			SHING THE SO REC'	D BY REGISTRAR	256 REG ST	RAR'S SIGNAT		
1	RINALDI FUNERAL HOME 816 HS	LNE, DC	Z DATE NO	V 1 4 '60	ani	hun & the	LILLA.	



by the funeral director

after death, Page 4

may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the ottending physician and campletely filled the page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and the State Board of Health priar to burial, cremotion, ar removal, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP VR A15 (4) 15M 9/59

1.	PLACE OF DEATH				2.	USUAL RESIDENCE (Who	ere decease					or)
		nce Georges		MARYLAND		o. STATE Maryla	nd		Monug			ķ
	b CITY OR TOWN (If RURAL and give ned	autside corporate limit prest town)	h, write	c. LENGTH OF STAY IN 16	,	c CITY OR TOWN (If or	utside corpo	osote limits, write R	JRAL and gi	re near	est town)	e.
	Cher	verly		18 days		Silver	Sprin	ng it	1	property.		-46
	d NAME OF HOSPITA	AL (If not in haspital, g	ive street	nddress)		d STREET ADDRESS				е	IS RESI	DENCE FARM?
	Prince	e Georges (	Gener	al Hospital		8621	Piney	Branch B	d.		YES 🗌	
3.	NAME OF DECEASED	Firs	st	Middle		Lost	4. DATE	Mon	th	Day	Y	ear
	(Type or print)	Lena		Miller		Little	DEATH	WOV		5		9 60
S	SEX	6. COLOR OR RACE	7. MARR	IED 🗌 NEVER MARRIED 🔲	B. D	ATE OF BIRTH		9. AGE (In years lost birthday)				
	Female	White	WIDOWE		7	October 18		72 Yrs	Months	Days -	Haurs	Min
10	o. JSUAL OCCUPATIO	N (Give kind of work ong life, even if retired)	done 10b.	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (State of	or foreign c	country)	12 CITIZ	EN OF	WHATCO	DUNTRY
	Homemaker	ing ine, even in terree,		own home		NEW JER	SEY			Ĩ	1.5.1	A.
13	FATHER'S NAME				1	4 MOTHER'S MAIDEN N						
	GEORGE MIL	LER				PHEBE STRY	KER					
	WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFOI	RMANT		Add	ress			
(Y	es, no, or unknown) (1 730	f yes, give wer or dates of se		res N	fr.	Frank H. Li	ttle.	8621 Pir	nev Bra	anch	Rd.	
-	IR. CAUSE OF DEAT	TH (Foter only one co.	use per lir	us for (a), (b), and (c) }					orin ;		EVAL BET	
		H WAS CAUSED BY		111 10 6 2						ONSE	TAND	DEATH
	2 - 1 13	MMEDIATE CAUSE (0		To opcome						4	+ hu	~
	124	DUE TO	A	-lin.	117	uneal V	1	Luca				
	Conditions, if an		1									
	couse (o), stoting t		al	1 / 11 1		en a 7 Keel						
	lying couse lost.	) (c)	)	en i conc	~-C	on 47 Kell	un					
Z	PART IL OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NO	T RELATED TO THE TERMIN	NAL D SEAS	E CONDITION GIV	EN IN PART	1(0) 19	. WAS A	JTOPSY
CAT											YES 🗌	
CERTIFIC	20a ACCIDENT WAS	JNDERLYING []	20b. DESC	RIBE HOW INJURY OCCUR	RED (E	nter noture of injury in P	art I or Por	rt 1 of item 18 )				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
S		Month, Day, Yea			PLACE	OF INJURY (Home, form, street, affice bldg., etc.	20f. (City	y or town)	(Co	unty)		(State)
MEDICAL	Hour o, m,	19	While of warl	TACH MILLIE	Idelory	, street, dirice blog., etc.	1					
		(I) (this hasnital	1 ottono	ed the deceased from	. /	0/12 191	00 to_	11/5	196	12 16-		- 1 1
		ed olive on//				/		/			9 7 1	,
	22g. SIGNATURE	d dive on1/	f-12	19 <u>60</u> , and that	deat	n occurred of	m, arrom	the couses on	d on the	dote		DATE
	te	il Siho	car	Aland so		ATTENDING ME	D	STAFF			111	SIGNED
	22c PHYSICIAN S			1.00	M.D	PHYS. DIF	ECTOR [	PHYS			18/5	2/6
	A . A SAP 17	r Saul Sch	etranta	back M.D.		4	C+	M M Was	hán who	200	11 0	*
			·/~					N.W. Was		112	D.U.	
23	<ul> <li>BUR AL, CREMATION</li> <li>REMOVAL (Specify)</li> </ul>		F	23c NAME OF CEMETERY			23d LOCA	TION (City town,	or county)		(Stote	)
	BURIAL	11/7/60		CEDAR HILL (	EME	TERY	PRINC	E GEO. CO				.TD
24	FUNERAL DIRECTOR'S		TNC.	SILVER SPRIN	iG.	MD 250 REC'E	BY REGIS	TRAR 2Sb REG	STRAR'S SIGN	MATURE	E	
	Xuymin	1 12-31	21-0	CILTURE OF KILL	103		w 9 '	60 L	hun S.	Theu	,A	
	1											



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 19999

12916

J. 14 17 16 16								
PLACE OF DEATH a COUNTY		2. USUAL RESIDENCE (Where de		Residence before admission)				
Prince George	MARYLAND	Maryland	Prince George	e				
b CITY OR TOWN (If outside carporate limits, w RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside						
Cheverly	6 Days	Hyattsville						
d NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION	street address)	d. STREET ADDRESS	1 01	ON A FARM?				
Prince George Gene	eral Hospital	5312 Crotter	den Street	YES NO				
NAME OF First DECEASED (Type or print)	Middle	- h h	)F	Doy Year 16 19 60				
Hasel	Martin	ILLOYU.	MOA	16 19 60 UNDER 1 YEAR IF UNDER 24 HRS				
Male White	MARRIED A NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  Jan. 1,1907		Aanths Days Hours Min.				
Oa USUAL OCCUPAT ON (Give kind of wark done during most of working life, even if retired)	B		eign country)	12 CITIZEN OF WHAT COUNTRY				
atired	Engineer	Maryland		USA				
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
James Lleyd		Lydia Nort						
WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)   [If yes, give wor or dates of service]	4	FORMANT	Address					
no	F	lorence E Lloyd	Roger Heig	hts, Md.				
18 CAUSE OF DEATH [Enter only one couse (	per line for (o), (b), and (c) ]		,	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: (2 Carly prints Carchael Infances 6 day								
TA O DUE TO	*-		1					
Conditions, if any, which) (b) & Cardiace + taripolitical 1h								
gave rise to immediate cause (a), stating the under- lying cause ost.  DUE TO	asterio-	Eclino tu	HX XLs-	. Sevenize				
PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL C	DISEASE CONDITION GIVEN	I IN PART I(a) 19. WAS AUTOPST PERFORMED? YES NO				
PART II OTHER SIGNIFICANT CONDITION    A	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I	or Part 1 of Item 18)					
	20d INJURY OCCURRED 20e PL	ACE OF INJURY (Hame, form,   201	F (City or town)	(County) (State				
Haur a.m. 19	While Nat while fa	ctary, street, affice bldg., etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,				
p. m. 17 0	at work at work			/ 0				
21   certify that (1) (this haspital) at		//ev / 1/ 195/	Nov. 16	, 19.60, that (I) (we) las				
SOM THE DECEMBER OF THE OFFI	and that c	death accurred at 3 MA	from the causes and					
VIII AC + NEC 12		M.D PHYS MED DIRECTO	OR STAFF	226 DATE SIGNE				
22cf PHYSICIAN'S NAME (Type) Dr. Til Be	ergman, M.D.		ent Road,					
			elt, Md.					
REMOVAL (Specify)  urial  Nov 19. 1	23c NAME OF CEMETERY O		LOCATION (City, town, or a					
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY	plmar Manor,	AR'S SIGNATURE				
		,						
F. Gasch's Sons Hyatt	sville, Marylan	DATE NUY	21'60   (1.	Thur & Thousa				

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 4 may be refound by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled may the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remain pagers Poges I and 2 should be the state Board of Health prior to burial, crimation, or minaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



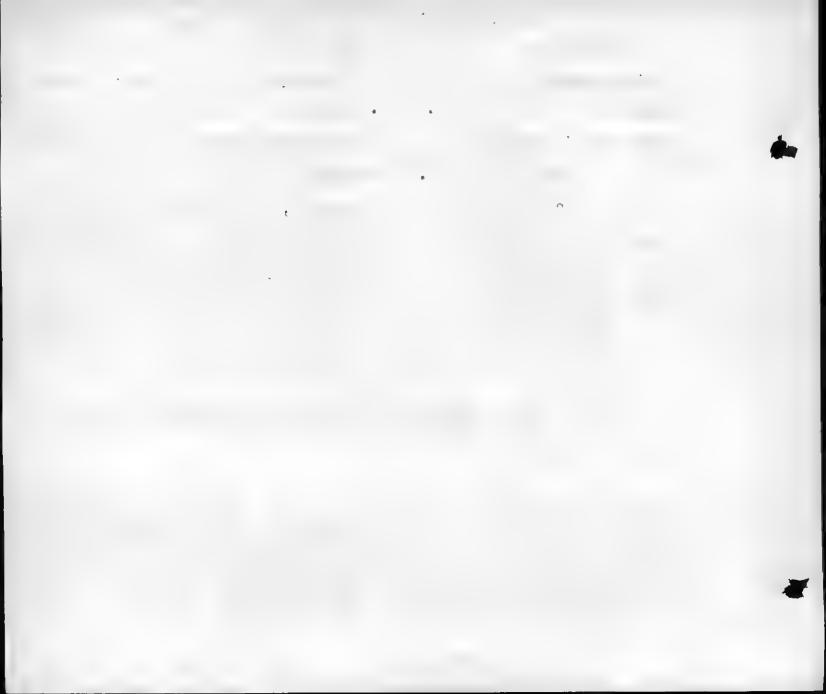
			1
by the funeral director,	d 2 snauld be fuled with		1 2 2
e attending physician and campletely filled may the funeral	it. Then please remave carbon papers. Pages I and 2 shauld be filed with	d in any event, within 72-hours after death.	
AL DIRECTOR: After this certificate has been signed by the al	hauld be detached for use as the burial-transit permit. T	Board of Health prior to buriol, cremation, ar remavol, and in any event, within 72-haurs after de	

irs after death. Page 4

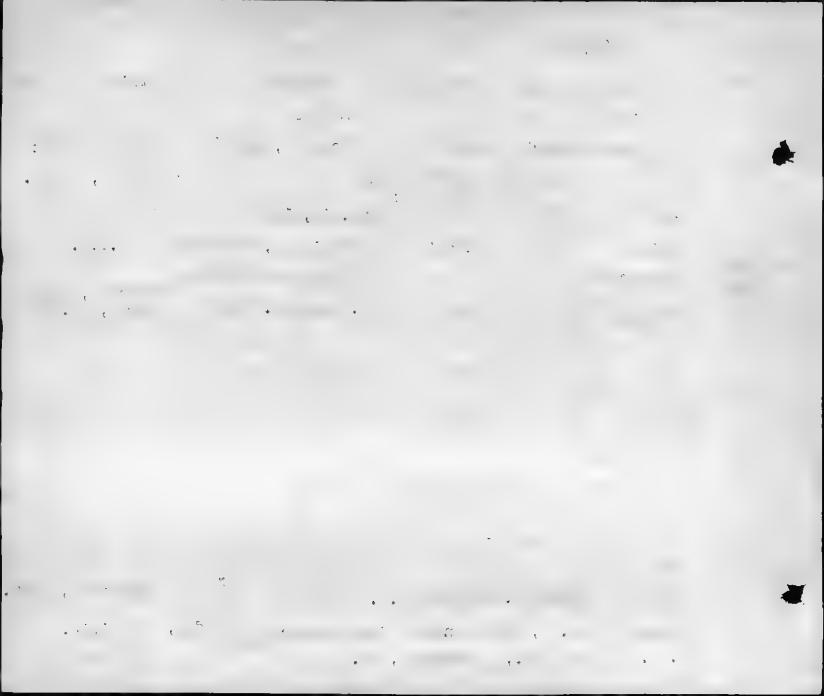
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ained by the haspital ar attending physician TO HOSP moy be C TO FUNERAL page 3 sha the State Bo

PLACE OF DEATH  a COUNTY	2. USUAL RESIDENCE (Where deceased lived IF institution. Residence before admission) a STATE  b. COUNTY_
Prince Georges MARYLAND	Maryland Prince George's
b. CITY OR TOWN (If autside carporate limits, write   c LENGTH OF STAY IN 1b RURAL and give negrest fawn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn)
Cheverly 6 hrs. 5 min	Cheverly
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Prince George's General	2202 Cheverly Avenue
NAME OF First Middle	Last 4. DATE Month Day Year
(Type or prest) John T.	Maloney DEATH NOU 3 196
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 His last birthdoy)   Months   Days   Haurs   Min
Male White WIDOWED DIVORCED	January 22, 1895 65 yrs
a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTR
Medical Doctor Self	Connecticut U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward L. Maloney	Margaret Delaney
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	INFORMANT Address
	Mrs. Mary L. Maloney (Wife) Same as #2
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY INTER- GER	
443 X DUE TO	
	ve CARDIO VASCULAR DISEASE 5 yrs
gave rise to immediate	7,30
lying couse last.	
10	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS
The state of the s	PERFORMED? YES   NO
200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURR	RED (Enter nature of injury in Port 1 or Port II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ten tende of many minor to the man a
	PLACE OF INJURY (Hame, farm, 20F. (City or town) (County) (Sta
Hour a.m.  While Not while f	factory, street, affice bldg., etc.)
21 I certify that (I) (this hospital) attended the deceased from	July 1960 to NOV 3 , 1960, that (1) (we) to
	deoth accurred at J. M., from the couses and on the date stated above
22a SIGNATURE	22b DATE
Mormon Donel forcease	M.D. PHYS. ATTENDING MED. STAFF SIGNI
22c PHYSIC AN'S NAME (Type)	22d ADDRESS
NORMAN JONAI (OMEAU	3503 Fennysi MI (AINIEILM
BO BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tawn, ar county) (State)
Burial 11/7/60 Mt. Olivet	Washington D. C.
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
F Gaechie Sone Hyatteville Mc	3 DATE MOV 9 160 (3.11 - P. 15. 114

VR A15 (4) TSM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH



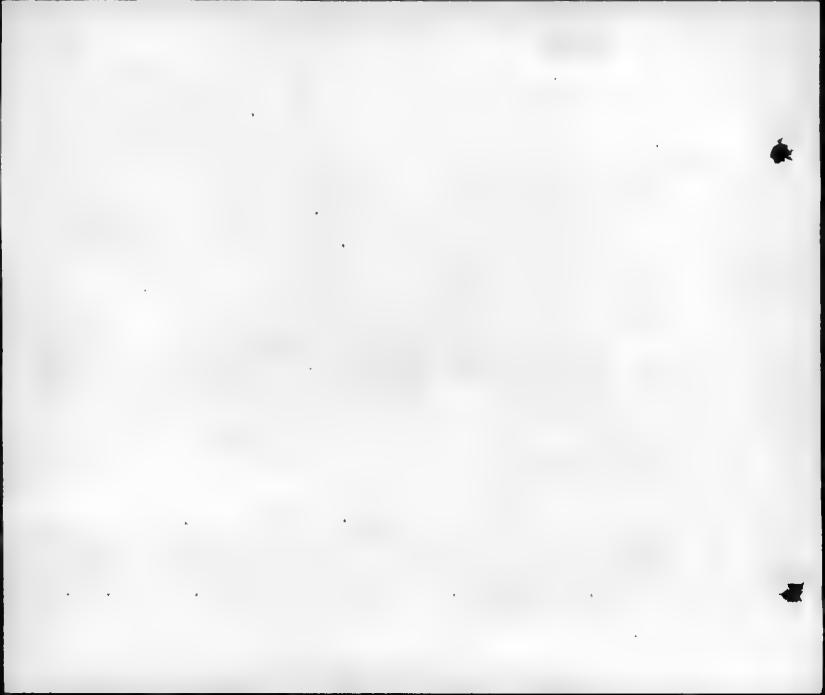
12924

PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)

TO HOSP VR A1S (4) 15M 9/59

		Prince Georges	MARYLAND	Marylan Marylan	e Georges						
	t	CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)	c LENGTH OF STAY IN 16	F. CITY OR TOWN (IF outsi	de corporate limits, write RURAL a	prote limits, write RURAL and give nearest town)					
		Cheverly	4 days	Cheverl	y						
	- (	NAME OF HOSPITAL (If not in hosp tal, give street OR NSTITUTION	address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?					
)	20		Hospital	5823 De	wey Street	YES NO					
		NAME OF FIRM	Middle	Lost 4.	DATE Month	Day Year					
	(	Type or print) Stella	M	McAvoy	DEATH NOV	27 19 60					
	5 9	EX 6 COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UN lost birthdoy) Mant	DER 1 YEAR of UNDER 24 HRS					
		Female White WIDOW	2 1012	16 Apr. 1889	71 yrs.						
	10a	USUA, OCCLPATION (Give kind of work done during most of warking life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stole or f	foreign country) 12	CITIZEN OF WHAT COUNTRY					
		None	AT HOME	NEAR BOOM	STORE WASH CO. N	10. U.S.A.					
E.	3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E						
ر ت		WILLIAM HENRY	SMITH	ANNA	CLARA TURE	V					
%		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  The or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17 IN	IFORMANT	5823 DEVERY	/5十・					
		N1 2	15-20-9935A HO	PACE MISAYEY	CHEVERLY	MD.					
		18 CAUSE OF DEATH [Enter only one cause per list	ne for (a), (b), and (c) ]	•		INTERVAL BETWEEN ONSET AND DEATH					
	PART 3. DEATH WAS CAUSED BY.  MMEDIATE CAUSE (o) Cardiac Tamponade minutes										
		DUE TO MYC	cardial Infarc	tion with rupt	ure	4 days					
	Conditions, if ony, which (b) Thrombosis of Right Coronary Artery 4 days										
	gave rise to immediate out to Coronary Arteriosclerotic Heart Disease you										
	lying couse lost. (c)										
	CATION					PERFORMED?					
	CERTIF	200 ACCIDENT WAS UNDERLYING 20b DESI	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part	1 or Part II of item 18 }	***					
-		(IF EITHER, NOTIFY MEDICAL EXAMINER)									
-	MEDICAL	45	I	ACE OF INJURY (Home, form, itery, street, office bldg., etc.)	20f. (City or town)	(County) (Stat					
	MEC	Hour o m. While of wor	INUI WHITE								
		21. I certify that (I) (this haspital) attend	ded the deceased fram	Nov. 23 1960	0, ta Nov. 26 1	96Ω, that (I) (we) la:					
		saw the deceased alive an 26 Nav_	19 60 , and that d	leath accurred at 5	Allom the causes and an	the date stated above					
		220 SIGNATURE	7 1			22b DATE					
		Trauses DC	asto his.	M.D. ATTENDING MED DIREC	TOR PHYS.	11/27/6					
		22c PHYSICIAN S NAME (Type)		22d ADDRESS	1.61 6.1	3 253					
1		Dr. Brances DeCo	oste., MD	9608 Under	wood St. Seabro	ook., Md.					
-	230	BURIAL, CREMAT ON 23b. DATE THEREOF	23¢ NAME OF CEMETERY O	R CREMATORY 23	d LOCATION (City tawn, or coun	ty) (State)					
	-1	BORIAL NOV. 29.1960	BODNSBORD	CEMETERY	SCONSBURO WAS	H. Co. MD.					
	24	FUNERAL DIRECTOR'S S GNATURE	ADDRESS ,	750 REC'D 8							
	1	Mil Vericial of de	Toland !!	DAREG 1	160 C-thun 2	thus					
				7							



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12979 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND ero b. CITY OR TOWN (If outside corporate limits, writt c. CITY OR TOWN Ut outside corporate limits, write RURAL and give nearest town) å c. LENGTH OF STAY IN 16 RURAL and give nearest town) the fuse should t 20686 d. NAME OF HOSPITAL (If not in haspiral, give street address) STREET ADDRESS OR INSTITUTION 3. NAME OF First Middle DATE filled DECEASED OF (Type or print) DEATH NOUetely S SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years ost birthdoy) DIVORCED [ WIDOWED 12 executed papers à 108 USLAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) CGIM rduring most of Warking life, even if retired) Tillele and pou Di certificate be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 50 physicio Maye 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give war or dates of service) thending death CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c)." ā PART I. DEATH WAS CAUSED BY: 6 IMMEDIATE CAUSE (a) **DUE TO** à Conditions, if ony, which igned gove rise to immediate DUE TO couse (o), stating the underlying couse last been si burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19 offending 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) certificate MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f, (City or town) factory, street, office bldg, etc.) Hour o m While Not while at wark of work p. m. 5 196 That I last saw the deceased 21. I certify that I attended the deceased fram. detached and that death occurred at \$15.2 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) ACTUAL ê. SIGNATURE PHYSICIAN'S NAME (Type)

22b DATE THEREOF

BUR AL, CREMATION.

EUNERAL DIRECTOR'S SIGNATURE

Burial (Specify)

noy be retained by the FUNERAL DIRECTOR: 3 should page 0 VS A15 (4) 15M 9/5B

Arlington National

OF CEMETERY OR CREMATORY

22c NAMĚ

ADDRESS

24b REGISTRAR'S SIGNATURE

Reg. Dist. No.

Months

IS RESIDENCE

ON A FARM? YES NO 12

Yeor

19

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS ALTOPSY PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stole)

Va.

(County)

12. CITIZEN OF WHAT COUNTRY?

240 RECHOUNT REGISTRAS Critica S. France DATE

Arlington

22d LOCATION (City, town, or county)



the same of the same

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN if outside corporate limits, write RJRAL and give nearest town RURAL and give negrest town) NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Yeor Month DECEASED (Type or print) DEATH 19 6 9. AGE (In years lost hirthday) IF JNDER I YEAR IF UNDER 24 HRS Months Hours Doys DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. 12. CITIZEN OF WHAT COUNTRY? mast of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IRGINIA INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Doy, 20e. PLACE OF INJURY (Hame, form, 20f (City or town) 20d. INJURY OCCURRED Year (County) (State) factory, street, office bldg., etc.) Hour o. m While Not while at work at work 21. I certify that I attended the deceased from 19 6 That I last saw the deceased and that death occurred at M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Seat Pleasant. Burlal Addison Chabel 11-9-1960 24b. REGISTRAR'S SIGNATURE 23, FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR archur & Hrank

00 physician DIRECTOR nay be refa

O

VE A15 (4) 15M 9/5B



TO HOSPI

VR A1S (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12960 CERTIFICATE OF DEATH	. 1260
MILLE CACIAR MARKETED STATES	institution, Residence before admission) OUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  A days  d NAME OF HOSPITAL (If not in hospita, give street address)  d STREET ADDRESS	write RURAL and give nearest town) /
or institution heland offernarial Haspital & tigacous	ON A FARM? VES NO 19
3. NAME OF DECEASED (Type or print)  A DATE OF DECEASED (Type or print)  A DATE OF DEATH	Month Day or 77201 24 960
5 SEX  Onale Color or race 7 Married Never Married   B. Date of Birth 7 79 9 AGE (In lost brill 9-7-79)  Married Never Married   B. Date of Birth 7 79 9 AGE (In lost brill 9-7-7-79)	n years   FUNDER 1 YEAR   FUNDER 24 HRS   Hours   Min   Manths   Days   Hours   Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	DC ZI.S 4.
13. FATHER'S NAME 13. EATHER'S NAME 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 17. IN CARRELL  18. IN CARRELL  19. IN CARRELL  19	cheson
15 WAS DECEASED EVER IN L. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT  (Yes no, or unknown) If yes, give wor or dolles of service,  7/c 1/ida/ Recent	Address
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO  Canditions if any which gave rise to immediate cause (a), stoting the under-	INTERVAL BETWEEN ONSET AND DEATH
lying cause last (c) desident selentes	ON G-VEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO
OR CONTRIBUTING CLAUSE OF DEATH USE OF CONTRIBUTING CLAUSE OF DEATH USE OF CAUSE OF CA	(County) (State)
1/ 7	225 DATE S GNED
22c PHYS CIAN S NAME (Type) D. R PURDIE	
230 BURIA, CREMATION 236 DATE THEREOF, 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, BENOVAL (Specify) / 2 2 6 C Any fell Cemetery Laure 24-FUNFRAL DIRECTOR'S SIGNATURE ADDRESS A C 259 BC'D BY REGISTRAR 258	, tawn, or county)  (5'ate)  B REGISTRAR'S SIGNATURE

MA BATE



may be a tried by the hospital anotherding physician.

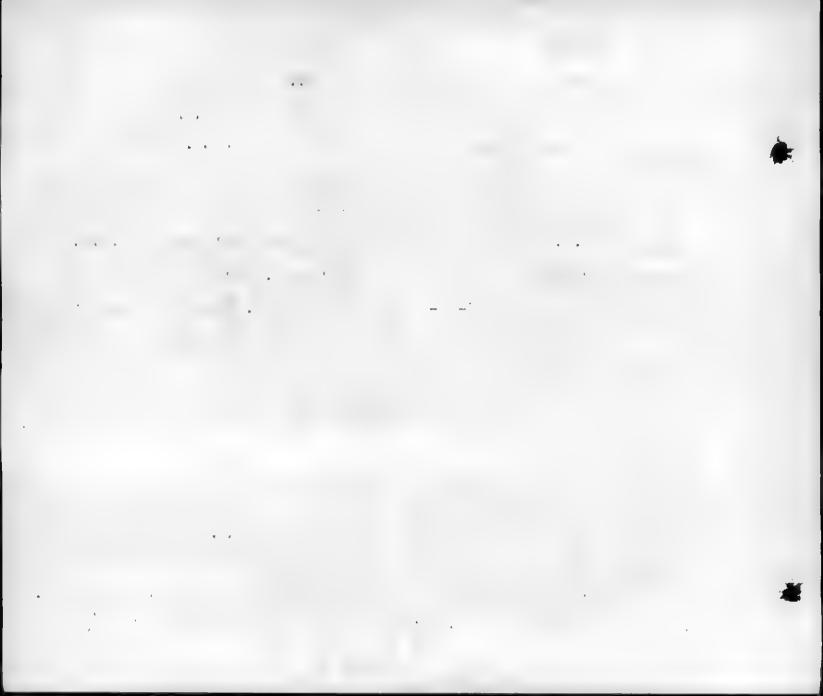
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled with page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

TR ATTENDING PHYTICIAN: The lam requires that the duath certificate be executed within 24 hggrs ofter death. Page 4

TO HOSP

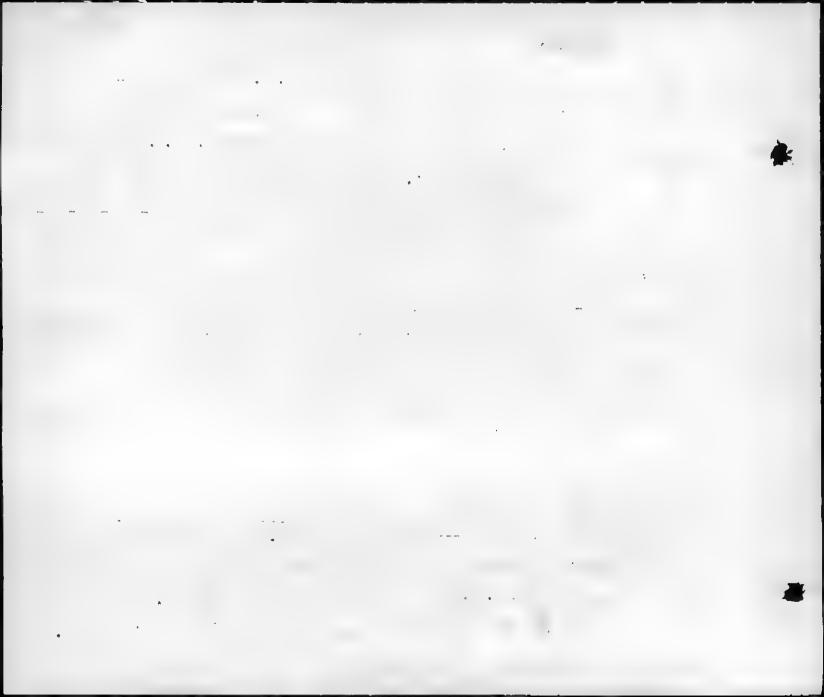
VR A15 (4) 1SM 9/59 CERTIFICATE OF DEATH

	Prace of DEATH o. COUNTY Prince George		MARYL	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY							
ľ	b. CITY OR TOWN (If outside corporate limit: RURAL and give nearest town)	s, write c.	LENGTH OF STAY I	N 16	c. CITY OR TOWN	(If outside corp	orote limits, write I	RURAL ond give	nearest lown			
	Cheverly		5 days		Washi		D.C.	41	X			
	d NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			d. STREET ADDRES					FARM?		
J	Prince George Ho	spital			3004 P	erry St	N.E.		YES 🗌	NO 🗔		
1	3. NAME OF Firs	t	Middle		Lost	4. DATE	Mo	nth	Day Y	eor		
	(Type or print)	-	<u> </u>		Merriken	DEAT	Nov	ember	<u> </u>	960		
	S SEX 6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH		9. AGE (In years last birthday)	Months Day	AR IF UNDE	Min		
1	110,00	WIDOWED [			1-22-81		79 yrs					
- [	Oo USUAL OCCUPATION (Give kind of work d during most of working life, even if refired)			RINDUST			_		OF WHATC	OUNTRY?		
4	Employee D.C. Na	tiona	1 Guard		Baltimo		aryland	U.S	,A,			
	13. FATHER'S NAME	a.		A	14. MOTHER'S MAID							
	George Merriken			Ten inte	Murian	V. Wa:		dress				
	15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give wer or doles of see		CIAL SECURITY NO.	17 INF	ORMANT	1	И					
-	NO		9 <del>-30-757</del>	14 1	Wilhelmir	la T.	<u>terriker</u>	-	above			
	18. CAUSE OF DEATH [Enter only one cou	se per line f	ar (a), (b), and (c) ]	1 .	1	1) /	1, ,	Ö	NTERVAL BE	DEATH		
1	IMMEDIATE CAUSE (a)	Cer	epra/	64	300/9h	1-1001	deHE		5 30	245		
	H H3 X DUE TO	1			7 1	1 .	Heant Ty	1322	4	_ # _		
	Conditions, if any, which (b)	1744	01.18/15/	VE /	7,200005	clerc	610	700	uyr	.7 .		
	cause (a), stating the under DUE TO	,										
	lying couse lost. (c)	21710215 502	MDISCITING TO OFF	THE DOT N	AND RELATED TO VICE	TERANDAL D. C.C.	of compilion of	WENT IN CART 1/a	MAS ALAS	LI TOPCY		
	PART II OTHER SIGNIFICANT CONE  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JITIONS <u>CON</u>	ATKIBUTING TO DEA	rin polit	NO! KELATED TO THE I	ERMINAL D SEA	SE CONDITION G	ACIA DA LVIKI. IÚC	PERFO	RMED?		
	200 ACCIDENT WAS INTREDIVING FI	20h DESCRI	RE HOW IN HIP OF	CHIPPED	. (Enter nature of njur	v in Part Lot Pr	act L of item 18.)		4E2 [ ]	NO Z		
-	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200 BEJCKII	DE 110 W 11430KT OC	, COKKED,	, (Line) holore or injur	y 111 7 011 1 0 1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	. 1	r 20d IN III	IRY OCCURRED	20e. PLA	CE OF INJURY (Hame,	form. 20f. (Ci	ty or town)	(Cour	tv)	(State)		
	Hour a.m.	While _	Not while	fact	ory, street, office bldg.	., elc.)	,, 0. 10,	10001	.,,	(0.0.0)		
		at wark		- mage 1	1:1	James No.	A	/				
	21. I certify that (I) (this haspital						Aprilia	, 19 € €				
	saw the deceased alive on / CI	J 6 .	1963/ and	that de	eath accurred at	_9345fr#n	The causes a	nd on the do		DATE		
	19.66	5.1.71 /	47	6.0	ATTENDING N	MED	STAFF	1611.6	1 1 621	SIGNED		
	22c. PHYSICIAN'S	11-6-6	de sue	- N	22d. ADDRESS	DIRECTOR L	PHYS.	1000	, / / c	, ()		
NAME (Type) Dr. Chas. Hageage 3308 Perry Street .Mt. Rainier, M										Md.		
-	230. BURIAL, CREMATION, 23b. DATE THEREO		Gc NAME OF CEME	TEDY OF								
1	REMOVAL (Specify)				n Cemeter	y Co.	mar Mar	ior,"Ma	ryrat	10		
-	24 FUNERAL DIRECTOR'S SIGNATURE	960	ADDRESSMA A	- to		REC'D BY REGI	STRAR 2Sb REG	STRAR'S SIGNA	TURE			
1	nall in Trees	07/	mi Try.	120		41014	100	When 8 to				
E	many Jawasa	)	7	n	5	the test ga		- A, / L	- CLACAS			
	, Se	me	L									



TO HOSP!

1. PLACE OF DEATH COUNTY Prince Georges MARYLAN							2. USUAL RESIDENCE (Where deceased lived institution. Residence before admission) o. STATE  D. C.  b. COUNTY							
	0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural)  d. NAME OF HOSPITAL (If not in hospital, give street address)				c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest 10wn)  Washington  d STREET ADDRESS  e. IS RESIDENCE								
2		Glenn Dale Hospital			13	23 49t1	n St., S	·E			YES [			
	0	NAME OF DECEASED	First		Middle		Last 4. DATE Month					Day Yeor		
		Type or print)	Henr	47	0.		Milburn	DEAT	-	11	FUNDER	29		9 60
	5 5	Male	6 COLOR OR RACE	/ MARRIED [_ WIDOWED []	NEVER MARRI DIVORCE		12/24/15		9 AGE (In ye			Days	Hours	Min
	10a.	USUAL OCCUPATION	N (Give kind of work doing life, even if retired)	one 10b. KIND	OF BUSINESS C	RINDUS	TRY 11. BIRTHPLACE (St	ate ar foreign	country)		12 CITIZ	ZEN OF	WHATCO	UNTRY?
		Laborer	ng me, even memed)	Odd	jobs		Maryla	and			U	SA		
_	13.1	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME						
I		Samuel M					Aline G	Ladden						
_		WAS DECEASED EVER	IN U. S ARMED FORCE figes, give war or dates of ser-	VIOII)	AL SECURITY NO	17 IN	FORMANT			Addres	is			
	1	Vo	-	Unkr	nown (lo	st)	Decedent							
		PART   DEATH WAS CAUSED BY Carcinomatosis, primary site undetermined    Part   Death Was Caused BY Carcinomatosis, primary site undetermined   Unknown												
		gave rise to immediate couse (a), stating the under-lying couse last.												
	CATION	Part 11. Other significant conditions contributing to death but not related to the terminal disease condition given heart 1(b) 19. WAS AUTOPSY PERFORMED? Pulmonary tuberculosis, far advanced, active (11 mos.)												
							. SEnter noture of injury		,	1	- 198	X.	YES 🗌	NO [A
7	ΙŭΙ	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	DESCRIBE	11011 1143081 0	CCORNEL	. (ciner notice of inforty	,,, rgi( t di t	571 (1 5) (10)	'				
1	MEDI	Haur o.m. p.m.	Month, Day, Year	While at wark	Not while	fac	CE OF INJURY (Home, fory, street, office bldg.,	etc.)	ity or town)			ounty)		(State)
		21 I certify that saw the decease	(I) (this haspital)	attended tl 29/60	he deceased 1 <del>9==</del> , and	fram that d	eath accurred at	A.M. fran	11/29,	/60 and	_, <del>19</del> an the	date	at (I) (w stated	re) last abave.
j		220 SIGNATURE	has ly	PLOS		ı	ATTENDING PHYS		X STAFF				22b 11/29	DATE SIGNED 0/60
/		22c PHYSICIAN'S NAME (Type) Moe Weiss, M. D.				22d. ADDRESS		Dale Ho	-					
	230	BURIAL, CREMAT ON REMOVAL Specify)	12-B-		NAME OF CEM	SETERY O	wich Cem		Aligny Kity, to			ne	(State	
	24	SUPERAL DIRECTOR'S	SIGNATURE		ADDRESS	ary)	5 4 Di 250 R	DEC 2	STRAR 256				E//	
		Wines	and Valle	and: 4	804 /	LALL	N. W. U. DATE	SEG Z	00	Ch	thur S	. The	us.	



# FOR STATE DEPT.

DEPCIY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a processary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the whereal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burlar first penit. File pages 1 and 2 with the State Board of Fealth or its designated agent, prior to burlat, cremation, or removal, and in an event within 72 hours after death 1.

VS. ATSME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

2 STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12944

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution, Residence bafore admission)
Prince Georges County MARYLAND b. CITY OF TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16	a. STATE Maryland Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest fown)  Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	Glenarden d STREET ADDRESS  •. IS RESIDENCE
Prince Georges General Hospital	Last 4. DATE Month Day Year
(Type or print) ELIZABETH CIVILLE	MILES OF DEATH November 24. 1960.
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey)   Months   Days   Hours   Min.
Female Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refited)	May 3, 1876 84 yr.
Housewife Ret. At Home	St. Mary & Cty., MdU.S.A.
John Statesman  Is WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (Yes, no, or unknown) (Ifyesgive warordelasofservice)	Henrietta Statesman
	rs. Victoria Holmes Fairmont. Md.
19. CAUSE OF DEATH (Entar only one cause par line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:	Hgts. INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CU SELLO SE	lerotic Heart
I ON OUR TO Change of	Pulmonon Ide mas om
Conditions, if any, which gave rise to immediate cause	
(a), stating the underlying DUE TO cause last.	alerosis Genevalent years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118, WAS AUTOPSY PERFORMED?
CAN	YES NO X
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Pert I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, h	eld an Autopsy, Inspection 🔀. Inquiry 🔀, and in my opinion
death resulted from: Natural causes X. Accident . Sui	cide, Homicide, Undetermined manner
del on h.	CHIEF MEDICAL EXAMINER
SIGNATURE Day ton Chalking	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMENER'S NAME (Type)  DAY TON O. WATKINS, M.D.  228. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY C	Address (Sheat, City, lown, or county)
REMOVAL (Specify)	, , , , , , , , , , , , , , , , , , , ,
Burial Nov. 29, 1960 New Harmony	Pk. Cemetery Prince Geo. Cty. Md.
HENRY WASHINGTON 4927 DeaneAve	P. C. DATEHOV 2 9 '60 arthur S. House



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF BEATH

12925

	123	21	CEKTIFICA	IE OF DEATH							
	1, PLACE OF DEATH o. COUNTY Prince G	eorge	MARYLAND	2. USUAL RESIDENCE (WH	ere deceased lived. If institution Prendent		Hssion)				
	b. CITY OR TOWN (If autside RURAL and give rearest tax Chever Ly	carporaté limits, write vn)	6. LENGTH OF STAY IN 16	Mt Rain	utside corporate limits, write R ier	URAL and give rearest to	wn)				
3	d. NAME OF HOSPITAL (If no or institution Prince Geor	t in hospitol, give street o ge General H		d. STREET ADDRESS 4 4308 34th	Street	ON	RESIDENCE A FARM?				
1	3. NAME OF DECEASED (Type or pr nt) JOS	eph First	Middle <b>I</b>	Milstead	4. DATE Mon NOV	• 12 n	19 60				
		ite 7. MARRIE	ED 🔀 NEVER MARRIED 🗌	8. DATE OF BIRTH 7-12-82	9, AGE (In years birthday) yrs.	Months Days Hau					
	100 USUAL OCCUPATION (Give during most of working life,		CIND OF BUSINESS OR INDU	*	or fareign country) RYLAN-D	U. S. A					
	13. FATHER'S NAME TRUMAN	MILSTE	GAE	14. MOTHER'S MAIDEN N	MILSTEAL	D					
	15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, giv	S. ARMED FORCES? 16 S war or dates of service]		RS EDVA 13, MIL	STEAD SAN	WE AS #	مرك				
	Canditians, if any, whi gove rise to immedia cause (a) stating the undilying cause last  PART II OTHERS GO	CAUSED BY.  DUE TO  Ch  Ch  Ch  Ch  Ch  Ch  Cor  Ch  Cor  Cor	tiple Pulmonar cardial Fibros onic Adhesive onary Arterios onir:Buting to DEATH BUT	ris and Calcif Pericarditis Sclerotic Hear NOT RELATED TO THE TERMI	T Disease  NAL DISEASE CONDITION GIV	24 h 20 y //0 y // 19 was 19 w	rears				
	ZOC TIME OF INJURY Man Haur a.m. p.m.	th, Day, Year 20d, IN While 19 at work	Nat while fo	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	.)	(County)	(State)				
		M D ATTENDING MED. STAFF 11-14-66NED  MD PHYS. DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR ROad.									
		DATE THEREOF 1-16-1960	230 NAME OF CEMETERY OF GEORGE WASH	OR CREMATORY,	23d LOCATION (City town,	TE, MP	rtale)				
-	24 FUNERAL DIRECTOR'S SIGNA	1	3 ADDRESS			STRAR'S SIGNATURE					

TO HOSP OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fixes after death. Page 4 may be independently the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled: by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the Stall Board of Health prior to Illurial, gremation, or removal, and in any event, within 22 hours after death

Ba

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VR A15 (4) 15M 9/59



12928

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

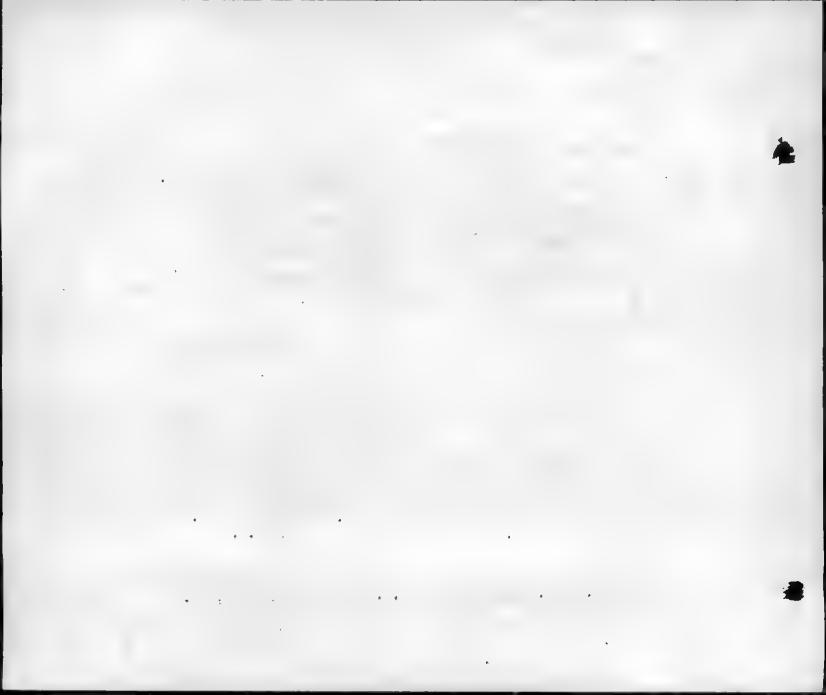
	PLACE OF DEATH  o, COUNTY		2. USUAL RESIDENCE (Who			ence before	odmissi	рп)	
	Prince George	MARYLAND	Maryland Prince George						
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Cheverly	2 Days	Mt Rain	ıer			10 000	051.55	
>	<ul> <li>MAME OF HOSPITAL (If not in hospital, give street) OR INSTITUTION</li> </ul>	address)	d. STREET ADDRESS			6	. IS RESI ON A	FARM?	
	Prince George General	Hosptial L	101 28 th Place	ce			YES 🗌	NO 🗌	
3.	NAME OF First	Middle	HAKSHIAN	4. DATE	Manth	Day	١	reor .	
	DECEASED (Type or print)  John		Nakshan	OF DEATH	Nov.	21.		9 60	
5	SEX 6. COLOR OR RACE 7 MARR	RIED NEVER MARRIED	B DATE OF BIRTH	9. AGI	(In years IF UND)	Doys Doys	Hours	R 24 HRS Min	
]	Male White WIDOWN	ED DIVORCED [		80	yrs	0075	1100.3	291111	
10a	USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote (	or foreign country)	12,C	IT ZEN OF	WHATC	OUNTRY?	
	ducing most of working ife, even if refired)	Rathlasma	diana ar	merrice		1177	720	27.1.11	
13.	FATHER'S NAME	4 255 67 61 11 10	14. MOTHER'S MAIDEN N			- y- e .	7 64	1 25 4	
	, 6	_	11-	(					
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	COCIN COUNTY NO. 137 II	IFORMANT	15-15-15			- V		
	(If yes, give wor or dates of service)	211 47 3-1-32	· // 1	2 6.1	Address	me.	1	= 3	
	/7) g   P	וון כועבינטיון	walter 1	lakstu	077				
	1B CAUSE OF DEATH [Enter only one couse per lis	ne (or a), (b), and (c).]					RVAL BE		
	PART I, DEATH WAS CAUSED BY:	relm	onecery	ecle	u en	0,,,,	. , , , , ,	2277711	
	DUETO	7. 1	1	1 1	11.				
	Conditions, if ony, which )	do teres	Sclen e	15 H	* din				
	gove rise to immediate	70.000	yeur	DUS	100				
	cause (o), stating the under-								
7	lying cause last. ) (c)	TO ATRIBUTION TO SCATU BUT	NOT BELLTED TO THE YEAR ON	LIAL DISCASS COAL	STICKL CIVIES IN B	ADT 1/-> 10	VALAC I	LI TOREY	
TION	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN P	-(X1 F(G) 17	PERFO	RMED7	
FICA				0 th -F1	10.		YES [	NO []	
CERTU	200 ACCIDENT WAS UNDERLYING [] 206 DESI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	O. (Enter nature of injury in P	Port I or Port II of I	rem IB)				
Š	20c TIME OF INJURY Month, Day, Year 20d II	NURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	, 20f (City or tow	n)	(County)		(Stote)	
EDICA	Hour a.m. While		ctory, street, office bldg., etc.	1					
Ş	p. m. 19 at war								
	21 I certify that (I) (this haspital) attend								
	saw the deceased alive an NOV . 2	119_60 and that a	leath accurred at 151	DAP Stom the c	auses and an t	he date	stated	abave	
	220 SIGNATURE							SIGNED	
	(13 Common	41.0	M.D PHYS DIE	ED. STA	FF 'S Like			SIGNED	
	22c. PHYSICIAN'S		22d. ADDRESS 581	3 Landove	r Road				
	NAME (Type) Dr. Chas. David	Connors, M.D.		everly					
23	BUR AL, CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY O			ity Town, or county	()	(Stole	e)	
1	(REMOVAL (Specify 11-23-1966	my Chive	1 12	Mash	-	110	· C	ngh .	
24	LUNERALDIRECTOR'S SIGNATURE CON CO	ADDRESS	6 12 250. VECS	DAY REGISTRAR	256 TEG STRAR'S				
		A DESCRIPTION OF SEC	DATE	00 0 2 101	arthur	8. 15 m	ud.		

rs ofter death Page 4

TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hrifs ofter death may be channed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled it by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the State Board at Health prior to burial, cremation, or removal, againfilling event, within 72 hours after death

VR A1S (4) 15M 9/59



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	エとりとり	CERTIFICA	TE OF DEATH
	PLACE OF DEATH O. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) o. STATE b. COUNTY
	b. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Vlashington D.C.
-1	d NAME OF HOSP TAL (If not in hospita, give street oddi OR INSTITUTION Prince Georges General H	ress)	d street address  1113 Buchanan St. N.W. e is residence on a farm?  YES IN O
<i>F</i>	3 NAME OF DECEASED (Type or print) Albert	Middle	Nemerosi 4. Date Month Day Year OF DEATH NOV 19 19 60
	s sex 6 COLOR OR RACE 7 MARRIED  Male White WIDOWED	DIVORCED	B DATE OF BIRTH  9 AGE (In years igst birthday)  19 AGE (In years igst birthday)  Months Days Hours Min
	100 USJA. OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	D OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)  Syria  12 CITIZEN OF WHAT COUNTRY?  Syria
	13. FATHER'S NAME Farrah Nemer		14. MOTHER'S MAIDEN NAME UNKNOWN
1	15 WAS DECEASEDEVER IN J. 5 ARMED FORCES? (16 social property of socia		NFORMANT Robert W. McCormick- 801 Somerset Place
	gove rise to immediate cause (a), stating the under-lying cause lost.  DUE TO	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CON  200 ACC DENT WAS UNDERLYING 200 DESCRIB OR CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	YES NO (Enter noture of injury in Port I or Part II of Item 18)
	You TIME OF INJURY Month, Day, Year 20d. INJUI Hour a.m. While of work	Not while foo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f (City or lown) (County) (State)
			NOV: 14. 1960 to 19 NOV L., 19. 60 that (1) (we) last death accurred at 10AN am the causes and on the date stated above.
1	220-SIGNATURE C. HETGCEZE 220 PHYSICAN'S	A 1"	M.D PHYS DIRECTOR PHYS. 226. ADDRESS Maryland
	CHAME (Type) & C Hage at 23g. BURIAL CREMATION 23b DATE THEREOF 23	SE NAME OF CEMETERY O	3717 38th Avenue, Cottage City,
	REMOVAL (Specify) 11/21/60  24 FUNERAL DIRECTOR'S SIGNATURE	Glenwood C	
	The 8 H spines 60. 5	901-1472	St. 22 TOATEMOV 21 60 Culling & France

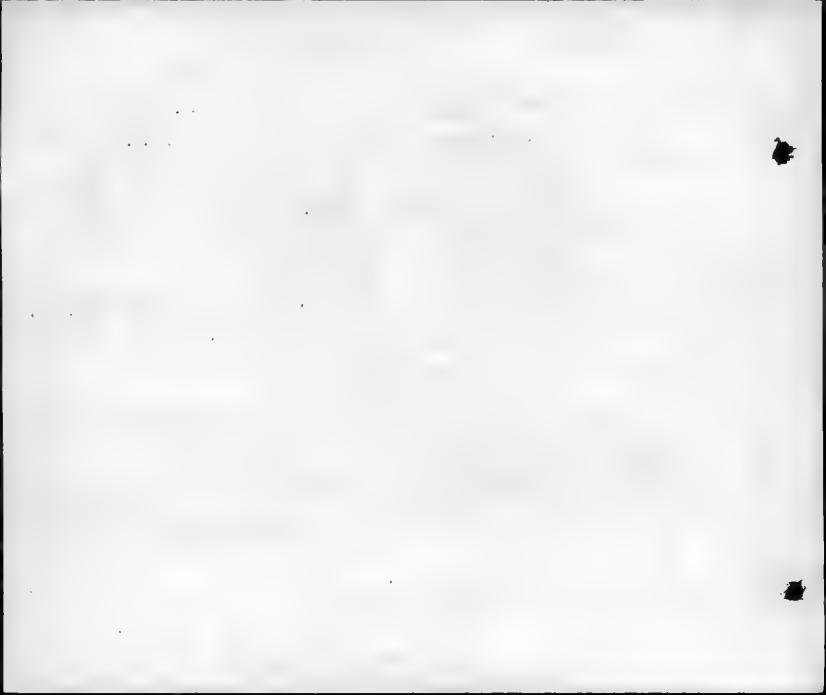
the attending physician and campletely filled the funeral director, Then please remave carbon papers. Pages 1 and 2 shauld be filed with may be red by the haspital ar attending playstation.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

IN ITEMBING BEYS IAN: The law requires that the death certificate be executed within 2":

ofter death. Page 4

TO HOSP VR A15 [4] 15M E/59



#### **CERTIFICATE OF DEATH** 12981 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND 0.0 םי מרםי b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Borro Wachtarton D.C. d NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS OR INSTITUTION פת לו פרותה" שום" NAME OF Middle 4. DATE Della DECEASED OINALLI DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years kthdoy) WIDOWED | DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Patired Machineton ) Corret carbon ofler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME מיים - בדי Della Donohue 0 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 24th Ave. Hil Crst 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** <u>:</u> Conditions, if any, which gove rise to immediate ě DUE TO cattle (a), stating the underpuo lying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY FHome, form, 20f. (City or town) Day, Year O. IR. factory, street, office bldg., etc.) While Not while, ot work | of work p. m. 11129 1962 that I last saw the deceased 2). I certify that I attended the deceased fram. ., 1960 . ta alive an and that death accurred at\_\_\_\_\_M, fram the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL 3 should be SIGNATURE PHYSICIAN'S NAME (Type) FUNERAL 220. BURIAL CREMATION, 226. DATE THEREO 22c, NAME OF CEMETERY OR CREMATORY 22d\_LOCATION (City, town, or county) bade REMOVAL (Specify) 514. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

IS RESIDENCE

YES NO T

ON A FARM?

10 6

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(State)

12 CITIZEN OF WHAT COUNTRY?

Days

(County)

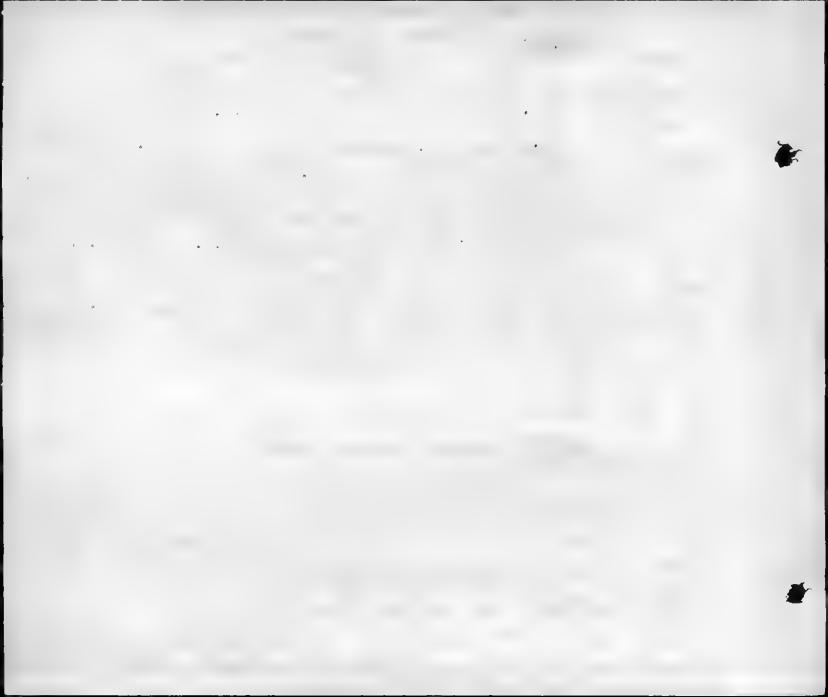
24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE

Months

0 15M 9/5S



MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		OF STATISTICAL RESEARCH AND	KELUKI
29	82	CERTIFICATE	OF

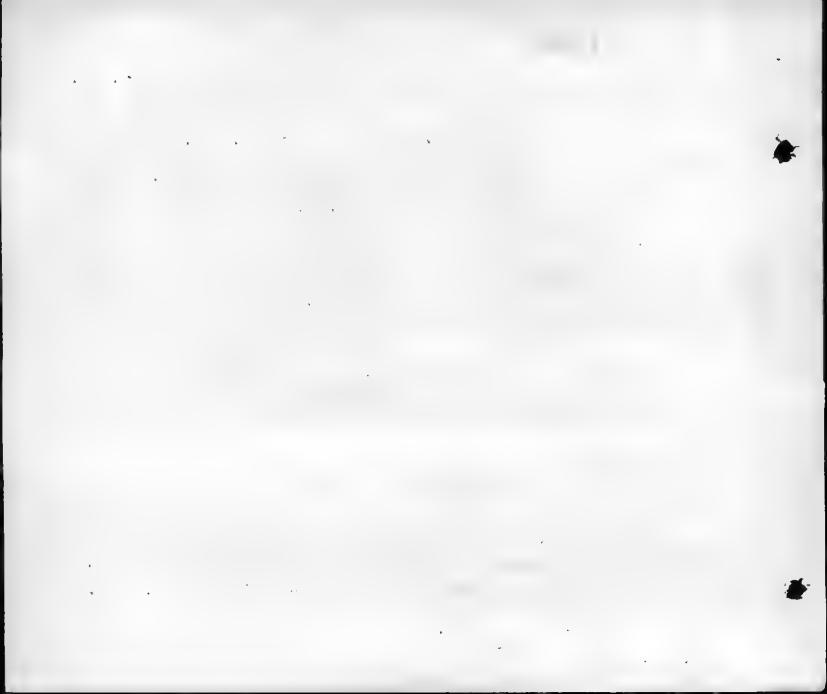
12929

1, PLACE OF DEATH o. COUNTY				AND	2 USUAL RESIDENCE (Where deceased lived # finst lution Residence o STATE Maryland Pr.				nce before		sion)	
RURAL ond give Oxon	Hill		c. LENGTH OF STAY I	N 16	1	own (IF o	,	ote Simits, write R	RURAL ond	give ne	arest tow	n)
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, g		Rd S.E.		d. STREET A		s Rd.,	S.E.			ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fie		Middle		OWEN		4. DATE OF DEATH	Mor		26	зу	Year 19 60
s. sex Female	6. COLOR OR RACE White	WIDOWI			Jan. 19	9, 18	64	AGE (In years last birthday) 96 yrs	Manths Manths	R 1 YEAR Days	Hours	ER 24 HRS Min
during most of wo	ION (Give kind of work rking life, even if retired >Wife	dane 10b.	Domestic	NDUST		Maryl	and	intry)	12 CI	USA	FWHAT	COUNTRY?
* *	Richard	- 100	re		T.	largar	ret	Farr				
18 CAUSE OF DE	ER IN U. S. ARMED FOR Ill yea, give wor or dates of s EATH [Enter only one co ATH WAS CAUSED BY IMMED ATE CAUSE (o	ervice)			ormant trice 0	. Eno	210	0-A 38	th St ingto	n DC	ERVAL BE	ETWEEN DEATH
Conditions, if gove rise to cause (a), storing lying couse lost	immediate DUE TO	Ce	refral	l'a			cercl	Disease	a	1   2	mo	with ears
ICATIO	THER SIGNIFICANT CON				IOT RELATED TO				VEN IN PA	RT 1(a) 1	PERFC	AUTOPSY DRMED?
OR CONTRIBUTION	AS UNDERLYING D G D CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OC									
Y 20c. TIME OF INJU	10	20d, if While of wor	Not while	20e. PLA: facti	CE OF INJURY (1 ory, street, affice	tame, form bldg., etc.	20f, (City	or tawn)		(County)		(State)
21 I certify the saw the deceded 220 S GNATURE 22c. PHYSICIAN'S NAME (Type)	at (I) (this hospital ased alive an 214 Robert	that de	M.D. ATTENDING MED. STAFF Nov. 26 196  ADDRESS 4221—South Capitol St., Wash. DC						d abave.  B DATE SIGNED 1960			
230. BURIAL, CREMATI REMOVAL (Specif Burial	11=29=60		23c NAME OF CEME			ry		ON (City, town, 1 Hill	or county) Maryl		(Stot	le)
24 FONERAL DIRECTOR		661-	Good Hope 1	Rd S	2	250 RECT	D BY REGISTR		STRAP'S SI			

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 harks ofter death. Page 4 TO FUNKAL DIRECTOR: After his certificate has been signed by the oftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board at Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. TO HOSP!

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

19090

12950

	14000	CERTIFICA	AIE OF DE	.74111			
1. PLACE OF DEATH			2 USUAL RESID	ENCE (Where dec	ceased lived If institut		re admission)
0. 0001111	Prince Georges	MARYLAND	)   O. SIAIE	laryland	P COUNT,	Prince	Georges
b CITY OR TOWN	v (if outside corporate limits, wri	te c. LENGTH OF STAY IN 18	c. CITY OR T	OWN (If outside a	corporate limits, write	RURAL and give nee	arest town)
	heverly	ll days	Hya	attsvill	8		
d. NAME OF HOS	iPITAL (If not in haspital, give str IN	reet address)	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM
Prince Ge	orges General	Hospital	811	⊥L Gre	enleaf Ro	ad	YES NO
. NAME OF	First	Middle	Last	4, D/	ATE Mo	onth Do	gy Yeor
(Type or print)	Stel		Parrish	DE	NOV HTA	27	1960
SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED			9. AGE (In years)	Months Days	Hours Mir
Female	TILLE OU	OWED DIVORCED	28 Nov	1891			
<ul> <li>USUAL OCCUPA during most of v</li> </ul>	TION (Give k'nd of work done)	106. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPU	ACE (State or fore	righ country)	12 CITIZEN O	F WHAT COUNT
None			Cres	son, Pen		U.S	•
3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
	ld Sheehan			cy E. Li			
S WAS DECEASED! Yes, no, or unknown]	EVER IN U. S. ARMED FORCES? [(If yes, give war ar dates of service)]	16 SOCIAL SECURITY NO 17	INFORMANT		8141 Grea	enleaf Rd	
			John N. P.	arrish,	Hyattsvi	lle, Md.	
	DEATH [Enter only one couse p	er line for (o), (b), and (c).]		100	e 7	INT	ERVAL BETWEE
PART 1 I	DEATH WAS CAUSED BY:	LARCINGHIA	-TO S/ S 1	Jena	ween of 1	1 1	Ul an
170			-			-	-
	DUE TO	(O1-0:-	(100	c			1
Conditions, i		Je Vary an	- Case	······································	101		
cause (a), stati							
lying couse la	st. (c)						
PART II	OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO	THE TERMINAL DI	isease condit on g	VEN IN PART 1(a)	19. WAS AUTOP PERFORMED?
5		y					YES NO
OR CONTRIBUTI	WAS UNDERLYING [] 206 NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED (Enter nature at	injury in Port I s	or Port II of item 18 )		
3 20c. TIME OF IN			PLACE OF INJURY (		. (City or town)	(County)	) {Sto
7 20c. TIME OF IN	10	hile Not while work of ot work	foctory, street, office	blag., etc.)			
		1111 1 10	11 11	- 1960	. 11-7"	7-, 19 6 OH	
	1/1	ended the deceased from		1 th -c			
220 S GNATURE	dised unive on 1	and that	t death accurred	OH! THENEXY !	ram the causes a	nd on the date	stated aba
177	herol C	Ithe MA	M D. PHYS.	MED.	STAFF PHYS		11/28/8
22c. PHYSICIAN			22d. ADDRE				1
NAME (Type	Dr. Albert	Roth M.D.					
230 BURIAL CREMA	TION 236 DATE THEREOF	23c, NAME OF CEMETERY	OR CREMATORY	23d 1	LOCATION (Crty, town,	or county)	(State)
BUTTLET			sious Ceme		1500	71	120
L FUNERAL DIRECT		ADDRESS		250. REC'D BY R	EGISTRAR 25h REC	GISTRAR'S SIGNATU	JRE V
11:44	11.11	D V V					
Profes A	16 6-17 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CALL AND SB	1	DATE NOV 2	3 00 (	Irlhun I the	action

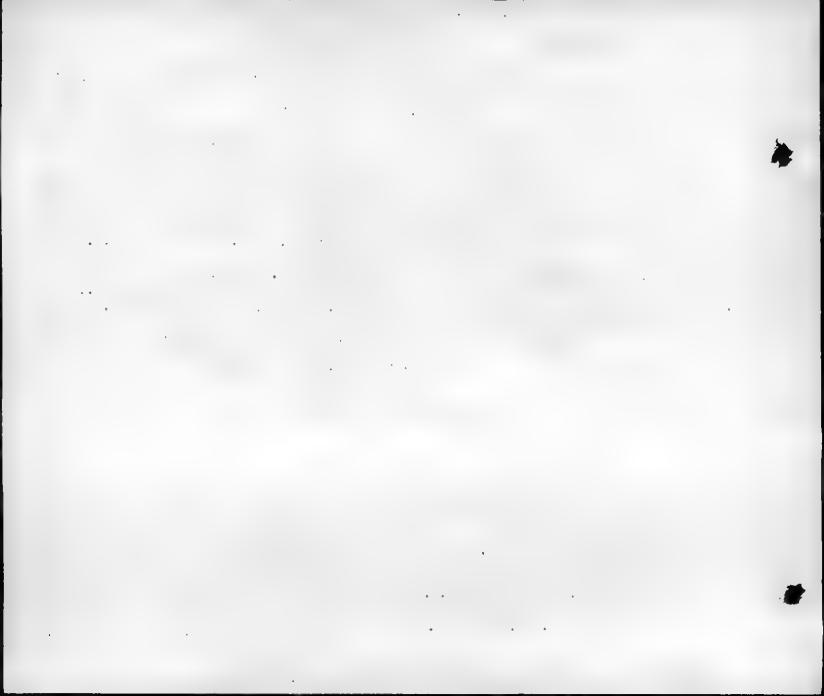
may be retained by the hasp tall ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial commotion, or removal, and in any event, within 72 hours ofter death. VR A1S (4) 15M 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSF

irs after death. Page 4



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12954

### **CERTIFICATE OF DEATH**

1235

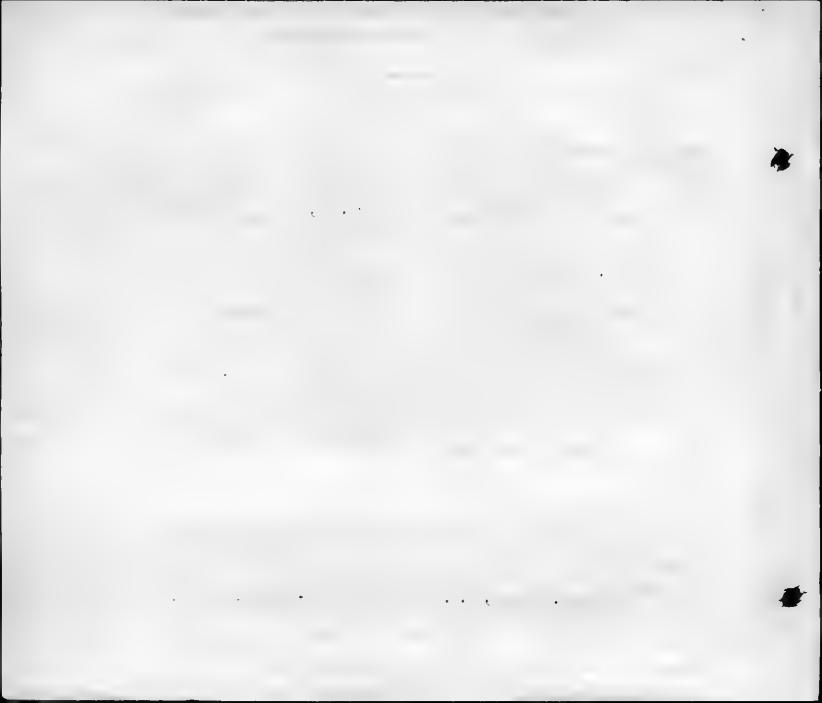
							rad' Dill' 140'	<u> </u>
1	PLACE OF DEATH		MARYLAND	2 USUAL RESIDENCE (W)	here deceased liv		Residence befo	re admission)
3	/ Prince George			MaryLand		Howard		U
1	<ul> <li>b. CITY OR TOWN (If outside corporate li RURAL and give nearest town)</li> </ul>	mils, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	outside corporate	limits, write RUR	At and give ned	arest town)
	Laurel			Savage			The state of the s	3
4	d NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street	address)	d STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Laurel General Ho	spita]		601 Washing	gton Str	eet		YES NO 📶
-	3. NAME OF DECEASED	iest .	Middle	last	4, DATE OF	Month	Do	y Yeer
	(Type or print) Mary	<u> 117</u>	lizabeth	Paul.	DEATH	Novem	ber 11	L 19 60
	5 SEX 6. COLOR OR RAC	7. MARE	NEVER MARRIED	B DATE OF BIRTH	9. /			IF UNDER 24 HRS
1	Female White	WIDOW		Oct. 30, 189	6	6h m	Aonths Days	Hours Min.
1	10c. USUAL OCCUPATION (Give kind of wor during mast of working life, even if retire	k done 10b.	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stole	or foreign count	7)	12. CITIZEN C	F WHAT COUNTRY
N	Housewife		came	Marylan	nd		0	SA
И	13. FATHER'S NAME			14 MOTHER'S MAIDEN I	MAME			
1	Edward F. Condon			Sarah Jan	e West			
	15. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT		Address	1	
				Hospita	L Record	9		
	18. CAUSE OF DEATH [Enter only one	couse per th	e for (a), (b), and (c).]	-11		0		ERVAL BETWEEN
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE		some	eru. This	15M	10011	w 3	ST OF ST
	ilan I DUE I	0		1				
1	Conditions, if any, which )	(b)	Metins	ron alini	7710		/	o you
	gove rise to immediate DUE 1	Mary and	1110	2	,			
1	lying couse lost.	(c)	fulle	useon			/\	5 yr
	PART II. OTHER SIGNIFICANT CO	NDITIONS	CONTERBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CO	NOTION GIVEN	IN PART 1(a)	9 WAS AUTOPSY
	PART 18. OTHER SIGNIFICANT CO	6						YES NO
	200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT	206 DES	CRIBE HOW INJURY OCCUR	RED (Enter nature of injury in	Part I or Port II o	of stem 18 }		
	(IF EITHER, NOTIFY MEDICAL EXAMINER	5						
	20c TIME OF INJURY Month, Day, 16 Hour e.m.		1	PLACE OF INJURY (Home, farm factory, street, office bldg., etc.	, 20f (City or	town)	(Caunty)	(State)
	O Hour o.m.	While of wor	k of wark	racioty, maer, ornice blog., etc.	/			
	21. I certify that/I attended th	e deceas	ed from 8/7	. 1942 to /	1/11	18/10/1	that I last so	aw the decease
	alive on/_/_/	19./	and that dea	ith occurred at 723	M. from th			te stated above
	57	0	A			, city or town, sta		DATE SIGNE
	ACTUAL SIGNATURE	11/	Ash Pla	Z_M-D.				
	1 100							
١	PHYSICIAN'S John M. W	arren	M.D. 305 Pr	ince George St	reet. L	aurel, M	aryland	
	220 BURIAL, CREMATION, 226. DATE THER	9F	22c NAME OF CEMETERY	OR CREMATORY	224 LOCATION	V (C ty. town, or o	county) /	(Stote)
	13und 11/141	60	Janne	Cem	Sana	ul ,	ma	
	23 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	240. REC	D BY REGISTRAR	/	AR'S SIGNATU	
	" 1 " 1 " (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1001	11/11/11/	A LOW DATE NO	)y 1 6 '60c	auch	un S. Fira	A. Charles

may be bined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled, they the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offer degith.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPIZ VS A15 (4) 15M 9/S\$

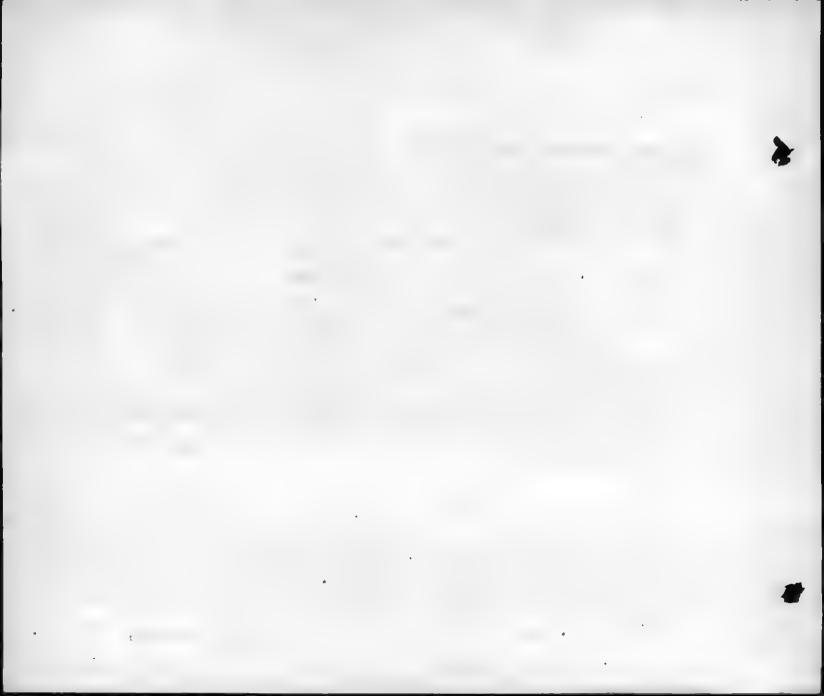


# MARYLAND STATE DEPARTMENT OF HEALTH 1296 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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TO HOSP! OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	may be "Yauned by the hospital or attending physician."  TO FUNERAL DIRECTOR: After this certificate has been staned by the ottending physician and completely filled in by the funeral director.	poore 3 should be detected for use os the burial-transit permit. Then planne remove carbon papers. Pages 1 and 2 should be filled with	the State Board of Health prior to buriof, cremation, or removal, and in any event within 72 hours after death.		
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VR A15 (4) 15M 9/59

	PLACE OF DEATH COUNTY Prince	Georg	e-Rive	rde AMARYLAN	- STATE	E (Where deceased lived	If institution Resi	George	
k		If outside corporate of		ENGTH OF STAY IN 1	b c. CITY OR TOWN	(If autside corporate li			
			C_		13 la de r	sburg,	Md	-# 10 10	RESIDENCE
F	OR INSTITUTION	TAL (If not in hospital,	DA	/	5/0/7	Ide &	1	0	ON A FARM?
3. 1	NAME OF	-CIR/IC	11/2mc	Middle	Last	4. DATE	Manth	Day	
	DECEASED (Type or print)	Rut	A Ros	sa	Perell	OF DEATH	11	23	960
5 5	SEX	6. COLOR OR RACE		_			E (In years IF UNI	DER I YEAR IF L	NDER 24 HRS.
100	-emale	White	WIDOWED A	DIVORCED _	DUSTRY 11 BIRTHPLACE	1886	74 yrs	CITIZEN OF WH	AT COUNTRY
100	Housewi	king life, even if retire	ed)	At Home	7	24-4'2- S	2	11 5	<b>D</b>
13.	FATHER'S NAME	. 6		AC BOMS	14. MOTHER'S MAIL	DEN NAME	- Fluenzi	0010	• 77
	Joseph	3			Unknown	1			
15 (Yes	WAS DECEASED EVI	R IN U. S. ARMED FO		AL SECURITY NO. 1	INFORMANT	) //	Address		
_	No	None	unkr	nown -	lames J. Pe	erell in	5 00	meas	TATEL .
		ATH [Enter any one of ATH WAS CAUSED BY:	17	(a), (b), and (c) ]	" ne mari	to spall 1	cond	INTERVA	AMD DEATH
	420	IMMEDIATE CAUSE	(0)	-cry-	o como	Tunno	TO CONTRACT	0 / 0	ray
	Conditions, if a		. 16	- 1/10 20	i sche	du Mess	Hola	5	420.
	gove rise to i	mmediate (	10				*	1	
	lying cause last.	ind sinder	(c)						
CATION	PART II OT	HER SIGNIFICANT CO	D TIONS CONTI	R BUT NG TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN	PI	VAS ALTOPSY FRFORMED? S NO Z
CERTIF,	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH	H	HOW INJURY OCCU	RRED. (Enter nature of inju	ry in Part I or Part II of	item 18.)		
WEDICAL	20c TIME OF INJUI	RY Manth, Day, Y			PLACE OF INJURY (Hame factory, street, affice bldg	, form, 20f. (City or to	wn)	(Caunty)	(State
MEE	p m	19		Nat while at wark					
	21 I certify the	at (I) (this haspite	(3. %)	4	m Nov. 22				
	sow the decea	sed olive on /	CV 23.	19 G Cl and the	at death occurred of	apM, from the	couses and on	the date sta	27b DATE
	22d. SIGNATURE	1/9	ma	len	M D PHYS	MED ST.	AFF YS []	11-23	SIGNED
	22c PHYSICIAN'S NAME (Type)	LU	Ma	lin M	22d. ADDRESS	morka	le, n	eal	
23a	BURIAL, CREMATIC		EOF 23c	NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	(City, lawn, ar coun	ily)	(State)
	Burial	Nov. 26	1960	Fort Li	ncoln Gemet	tery Blac	lensburg	Mary	land.
24.	FUNERAL DIRECTOR	r's signature	0	ADDRESS RIV	ch de	RECORVEGISTRAR	25b REGISTRAN		
	WW.Ch	ond pour	<u> </u>	PCleve	and Auclan	E	Cirthu	1 8 Km	A



CEDTIFICATE OF DEATH

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1 0	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 haurs after death	
HOS	FCN Sge 3	
TO HOSPIT OR ATTERENT ENTINE FINAL The lost requires that the death certificate be executed mithin 21 hours after death. Page 4 The may be proved by the hospital or attending physician	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled " of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hours after death	
VR A	1S (4) 9/59	

19009 CERTIFICATE OF DEATH
1, PLACE OF DEATH  2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Prince George's Maryland Maryland Prince George's
b CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b   c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
Danville Danville
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Lost 4. DATE Month Doy Year
(Type or print) Mattie M. Pinkney DEATH November 7 1960
5 SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO B DATE OF SIRTH 9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HR
WIDOWED DIVORCED DIVO
100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)
House wite Maryland U.S.H.
13. EATHER'S NAME
Robert Burrough Lora Johnson
15 WAS DECEASED EVER IN U.'S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  [Yes, no, or unknown] [III yea, give war or date of rervice]
No Herbert Tinkney. Danville Md.
18 CAUSE OF DEATH   Enter gnly one couse per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
DUE TO
gave rise to immediate (b)
cause (a), stoting the under-
lying couse last (c) Carilli (livi)
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF RELATED TO THE FERMINAL DISPASE CONDITION G. VEN IN PART 1(6) 19. WAS AUTOPS PERFORMED?  YES NO
20a. ACCIDENT WAS UNDERLYING  20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) COR CONTRIBUTING CAUSE OF DEATH UITE EITHER, NOTIFY MEDICAL EXAMINER!
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County)
Hour o. m.  While Not while foctory, street, office bldg, etc.)  p. m. 19 of work of work
21   certify that (1) (this haspital) attended the deceased from 12 - 5 - 1957, to 11-7 1965 that (1) (we) los
saw the deceased alive an 11-7-19 Loo and that death accurred at 420 M, from the causes and an the date stated above
220 SIGNATURE 22b. DATE SIGNE SIGNE
M.D PHYS. DIRECTOR PHYS
22c. PHYSICIAN'S NAME (Type)
gichord No Dobsen White
230 BUR AL, CREMATION, 236 DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d LOCATION (City, fawn, or county) (State)
Burial Mon 10/1960 Subbans Church Prandeswine Mil.
24 / NERAL DIRECTOR'S SYNATURE ADDRESS 250. REC'D BY REGISTRAR SO REG STRAR'S SIGNATURE
Clear dr. H. Belanne agreed and part NOV/O '60 & City & traces



ADDRESS

0 VS. A15ME(S) SM 9755

23. FUNERAL DIRECTOR'S SIGNATURE

24o. REC'D BY REGISTRAR

245. REGISTRAR'S SIGNATURE Chiling S. Frank 129.4

Prince George's

Day

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(County)

8

e. IS RES DENCE ON A FARM?

Ywar

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Hours

INTERVAL BETWEEN ONSEL AND BEATH

PERFORMED? NO P

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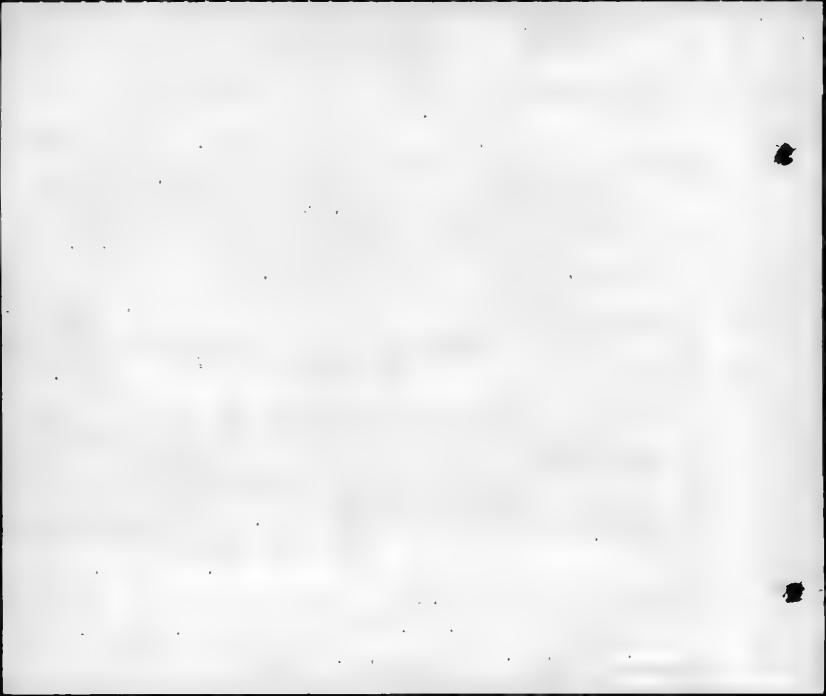
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12984 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed COUNTY o. STATE ISBUY and **b.** COUNTY MARYLAND Prince Scor ws Prince I res b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Adelphi MOS. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 10,100 Virco St. , ev 10. 100 V'ree St. YES NO 2 puo NAME OF First Middle 4. DATE Month Year DECEASED Lela (Type or print) Tutelle Pro 'fer DEATH 1960 l'ov. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Fc ale Months White Nov. 30, 1096 WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo luncher Iducation Missouri U.J.A. carban after 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Proffer Shrbie Ex Harmton hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ila Fro Ter 90,100 Varco St. , Al Tohi. Md. -32-6005 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Inanition 11 0 75 IMMEDIATE CAUSE (o) DUE TO Carcinous of Descinding Colon Conditions, if any, which 1 103. gave rise to immediate DUE TO cause (a), stating the underlying cause lost. certificate has been si e as the burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (State) Hour a. s. factory, street, office bldg., etc.) While Nat while at work ot work 21. I certify that I attended the deceased from July 1, 19 10, to Au 1 17 . 1960 that I last saw the deceased , and that death accurred at 4.50 AM, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 3 should PHYSICIAN'S NAME (Type) · Claire A. Christman. D FÚNERA Poge 3 sh 22a. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) GEO. WACT. CEMETERY 11/14/60 GEO. CONTY. MD. 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

DATE NOV 1 7 '60

arthur S. Krana



CERTIFICATE OF DEATH

MARYLAND

Maryland

PLACE OF DEATH

o. COUNTY Prince Georges

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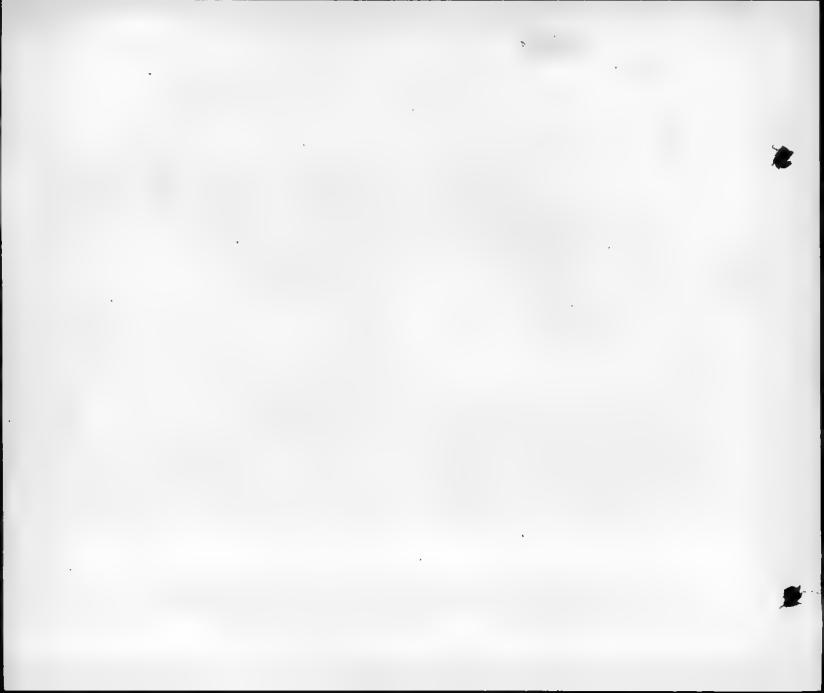
OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death Page 4 TO HOSP may be

VR A1:

1 SM 9

	Г	RURAL and give nearest town)	TOWN (If outside corporate limits, write RURAL and give nearest town
	_	Control of the state of the sta	omac Heights
FA	П	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION THE HOSPITAL Andrews  10.71	ON A
	3	DECEASED	ost 4. DATE Month Day Y
	L	(Type or print) JOHN TIFTJEN QUINN	DEATH November 15
	5	SEX 6 COLOR OF RACE 7 MARRIED CONEVER MARRIED B DATE OF BIR	
		Male CAU WIDOWED DIVORCED Septemb	per 2, 1924 36 yrs Manths Days Hours
	100	OG USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	PLACE (State or fore gn country) 12 CITIZEN OF WHAT C
		OFFICER Retired USAir Force Wast	nington, D.C. US
	13.	ON THE PARTY OF TH	S MAIDEN NAME
T	) [	MICHAEL R. QUINN LUI	ISE THEE
• /	15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT	Address
		fes, so, or unknown) (if yes, give war or dates of service)	
			101 Cedar Lane, Potomac Hgts, Md
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BE ONSET AND
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACLITE POLYELO	OGENOUS LEKEMIA SIM
		DUE TO	
		Canditions, if ony, which	
		gave rise to immediate Due TO	
		lying couse lost.	
	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS
	CATION		PERFO YES X
* *	CERTIF	OR CONTRIBUTING CAUSE OF DEATH	
文			(Hame, form, 20f. (City or town) (County)
	MEDICAL	Hour o. m. While Nat while foctory, street, offi	
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		21 I certify that (I) (this haspital) attended the deceased from 24 FFB	1960, ta /5 NOV , 1960, that (1) (
		saw the deceased alive an/SNUU 1960, and that death occurre	
		00 C(0) L45-IPF	not contain the co
		andrew W. Britchho MD ATTENDER	NG MED STAFF □ 15
- 1		22c. PHYSICIAN'S 22d. ADD	
Ž.		ANDREW W BUTCHKO, CAPT USAF MC USAF	F HOSP ANDREWS, ANDREWS AFB, WASH 2
2	23,	30. BURIAL CREMATION, 236 DATE THEREOF 236, NAME OF CEMETERY OF CREMATORY	23d/10CATION (City, town, or county) (Stot
		PERMOVAL (Specify) 18 NOV. 1960 ARLINGTON NATION.	
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	K	PINALD; FUNERAL HOME 816 HSL. N.E. WASH 2 DE	DATE
		Chairman increasing that the same transfer of the contraction of the c	1 18 160 Out of Kana

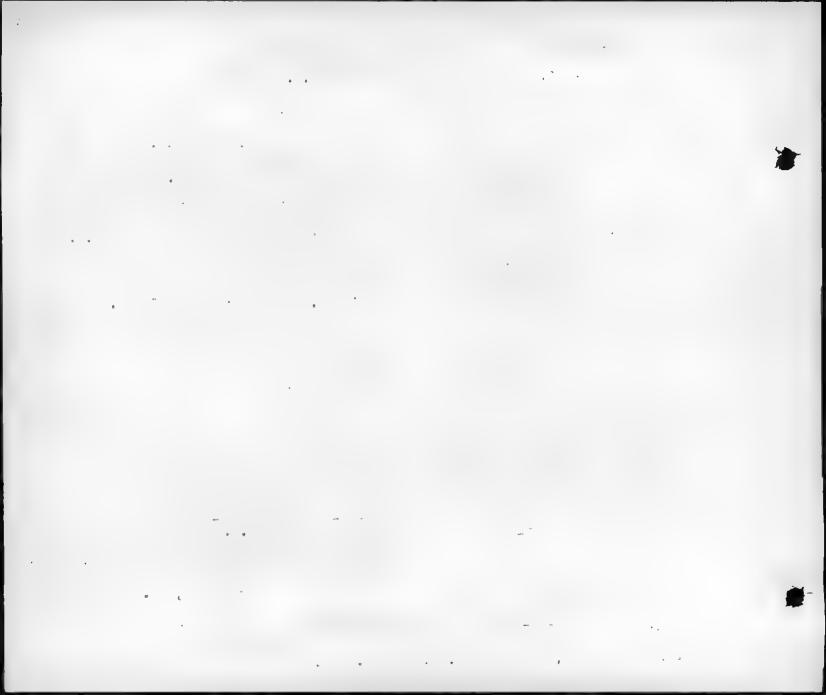
2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission)
9. STATE
1. COUNTY To a communication of the commun b. COUNTY Prince Ceorges IS RESIDENCE
 ON A FARM?
 YES NO Day Year 19 60 15 FUNDER 1 YEAR IF UNDER 24 HRS Days Hours 12 CITIZEN OF WHAT COUNTRY? US mac Hgts, M'd INTERVAL BETWEEN ONSET AND DEATH VEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES X NO (County) (State) nd an the date stated above. 226. DATE SIGNED 15 NOV 60 WS AFB WASH 25.DC (Stote)



Prince George  1516 62nd. Place S.E.    ON A FARM   OF Month   Day   Year												
REMANDER OF HOSPITAL (I Find to hospital, give street address)  JAME OF HOSPITAL (I Find to hospital, give street address)  JAME OF HOSPITAL (I Find to hospital, give street address)  JAME OF HOSPITAL (I Find to hospital, give street address)  JAME OF HOSPITAL (I Find to hospital, give street address)  JAME OF HOSPITAL (I Find to hospital)  JAME OF HOSPITAL (I Find t	a COLINTY	nce George		MARYLA		A STATE	There deceased		on: Residence bel	rore admission)		
d NAME OF HOSPITAL (I find to hospital) give street address)    Description   Descript	4.0	RURAL and give nearest town)										
3 NAME OF OCCASION   Anno   Mary   Raum   April   Ap	d NAME OF HOSPI OR INSTITUTION	ITAL (if not in hospital, i	give street	oddress)			52nd. P.	lace S.E	•	S RESIDENCE ON A FARM? YES NO K		
S SEX   S COLOR OR RACE   7 MARRIED   NEVER MARRIED   S DATE OF BIRTH   NOV.   S SEX   S COLOR OR RACE   NARRIED   NEVER MARRIED   S DATE OF BIRTH   NOV.   S SEX   S COLOR OR RACE   NARRIED   NEVER MARRIED   S DATE OF BIRTH   S OF SEX   S SEX	3 NAME OF		rst	Middle		Lost	4. DATE	Mon	th D	Ogy Yeor		
Female White widowed DNORED April 25th 1887    Too LUAL DECLIPATION (Give kind of work done down to down to down to down to work go life, even if retired)		An	ne	Mary		Raum	OF	llov.				
The state of the s		73 3 73 74 .			U   '	_		low -ythnoy)				
Is was deceased ever in u. s. armed process 16 social security no 17 informant 524 74th additioned 18 social security no 18 informant 19 information 19 info	during most of wo	ON (Give kind of work than life, even if retired 110	done 10b		INDÚSTI	and the second second		intry)				
IS WAS DECEASEDEVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO 17 INFORMANT Daniel R. Raum Carmody Hills Md.    18 CAUSE OF DEATH   Enter only one course per tiple for (o), (b), and (c)   PART I DEATH WAS CAUSED BY   MEMBRIATE CAUSE (o)	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
To a composition   To a composition   To a composition   None   Daniel R. Raum   Carmody Hills Md.			Smith	1		Annie	•					
18   CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c)	15 WAS DECEASED EV			SOCIAL SECURITY NO			m	74th Add	treet			
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO DUE	No	None	im averal	None	Da	niel R. Rau	m Carı	mody Hil	ls Md.			
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of twork of tw	Conditions, if a gove rise to couse (o), storing tying couse lost	PART I DEATH WAS CAUSED BY I Lumb atta Occi. 18 Ale lash Con. ONSET AND IMMEDIATE CAUSE (o) I Lumb atta Occi. 18 Ale lash Con. ONSET AND Conditions, if ony, which gove rise to immediate couse (o), stating the under DUE TO							NSET AND DEATH			
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work of twork of tw	PART II. OT								EN N PART I(o)	PERFORMED?		
21 I certify that (I) (this haspital) attended the deceased fram 11=21= 1960, to 11=24 19.60 that (I) (we) to saw the deceased alive on 11=28 19.60, and that death occurred at 2:55. And the causes and an the date stated above 220 s GNATURE.  ATTENDING MED STAFF 11-19 SIGN 11-24-19		G   CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OCC	URRED	(Enter noture of injury in	Port I or Port	(I of item 18.)				
saw the deceased alive on 11-23 1960, and that death occurred at 2:20 from the causes and an the date stated above 220 s GNATURE.  ATTENDING MED STAFF 11-24-1956 N.M.D PHYS DIRECTOR PHYS 11-24-1956 PHYS DIRECTOR PHYS 11-24-1956 PHYS DIRECTOR PHYS 11-28-60 Washington National Suitland Maryland  23d BURIAL CREMATION, 23b DATE THEREOF Washington National Suitland Maryland  24 FUNERAL D RECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR'S S GNATURE	Y 20c TIME OF INJU Hour o m. p. m.	10	While	Not while	De PLAC focto	E OF INJURY (Home, far ry, street, affice bldg., et	m, 20f (City o	or town)	(County	y) (Stote		
22c PHYSICIAN'S NAME (Type)  Hans Wodak  23d BURIAL CREMATION, REMOVAL (Specify) Burial  24 FUNERAL D RECTOR'S SIGNATURE  ATTENDING PHYS DIRECTOR STAFF PHYS DIRECTOR STAFF PHYS DIRECTOR STAFF PHYS DIRECTOR STAFF PHYS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS  23d LOCATION (City, town, or county) Suitland Maryland  24 FUNERAL D RECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REG STRAR 25b REGISTRAR'S S GNATURE	21 I certify th	at (I) (this haspita	) aftend   <b>-23</b>	ded the deceased fr	am. <b>]</b> .] hat de	=21= 15 ath occurred at 12:						
NAME (Type)  Hans Wodak  9E Parkway Greenbelt, Md.  23d BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify)  Burial  24 FUNERAL DECTOR'S SIGNATURE  ADDRESS  PE Parkway Greenbelt, Md.  23d LOCATION (City, town, or county)  Washington National  250. REC'D BY REG STRAR  250 REGISTRAR'S S GNATURE	220 S GNATURE	220 SGNATURE, MASS 11 4 - edal 03					22b, DATE					
REMOVAL (Specify)  Burial  11-28-60  Washington National  Suitland  Maryland  24 FUNERAL DECIDE'S SIGNATURE  ADDRESS  ADDRESS  250. REC'D BY REG STRAR  250 REGISTRAR'S S GNATURE		Hans Wod	ak				ay Gree	nbelt, M	d.			
W 2 8 1CO	REMOVAL (Specify									_ '		
The state of the s			7 11t		Wash			Jon	STRAR'S S GNAT			

TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n 24.7. Its after death Page 4 may be examined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotian, ar remayal, and in any event, within 7 phaurs after death VR A1S (4) 1SM 9/59



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1	2	y	i	<b>;)</b>

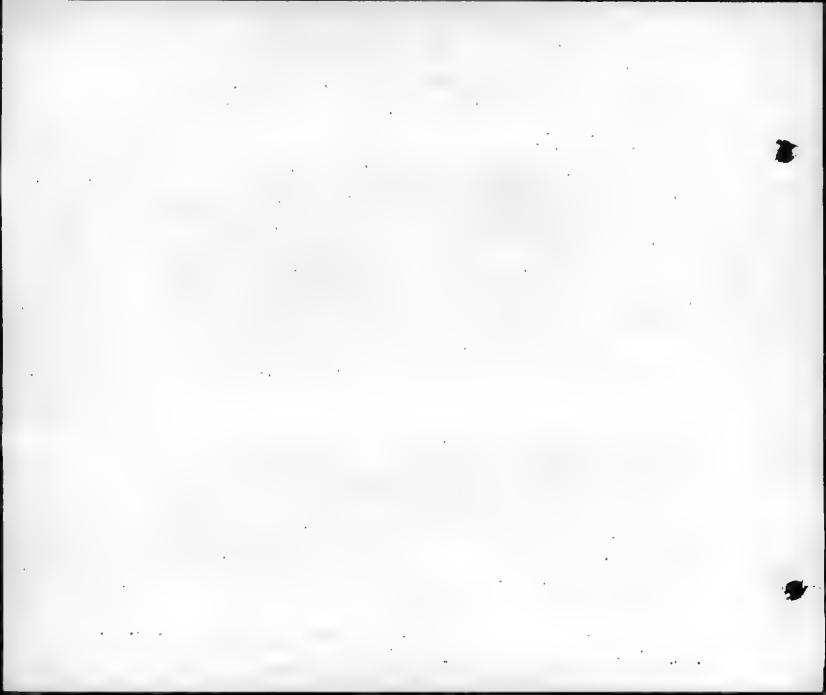
## CERTIFICATE OF DEATH

Reg. Dist. No.

1/4/1/1/	Reg. Dist. No.
PLACE OF DEATH O. COUNTY 1) A STATE OF THE S	2. USUAL RESIDENCE (Where deceased lived. If institut on, Residence before admiss on)
TRING E SEUR SESMARYLAND	District of J. Lumbia
b. CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN It	b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
EAL EL alm. 10-21-6	60 WUSHINGTEN IT Y
d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS
SE ALLE E HATTAX M	2012 PERRY TTA. N.E. VES NOT
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) HFREN P	KEED DEATH 11 22. 196
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	
LEM 42 NIHITE WIDOWED DIVORCED	8-7-1875   lost pirthday)   Months Doys Hours Mir
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI	IDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTI
during most of working life, even if retired)	ViR, 41.VIA U, S. 4.
3 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SYLVESTER REED	CHARPOTTE VANAMOER
15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (f yes, give wor or dates of service)	INFORMANT Address
6nanimy 577-18-616	63 HOSP. KICERAINS -ALARE INVIAN
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),]	( ) ( ) INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY	V. ( ) 3 4 )
IMMEDIATE CAUSE (o)	AY ( ) I I I I I I I I I I I I I I I I I I
DUE TO	
Conditions, if any, which ) (b) Chilinglish	U. 4 1001 19 We 4 1832 10 The win to
gove rise to immediate	
couse (b), storing the under-	,
lying couse lost. ) (c)	
PART II. OTHER'S GN F CANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP
3 antinanalle man	men die
	RRED (Enter nature of injury in Port or Port II of item 18.)
G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c T ME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Sto
O Hour o.m. While _ Not while _	factory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased from 1/2-2/	1 19/17, to 11-22- 19/12 hat I last saw the decease
12 - 13 -	
alive an	ath accurred at ADDRESS, (Bireet, city or town, state)  DATE SIGN
Lower ton't . D. V. C	ALDRESS (Billoe), City of fown, store)
SIGNATURE + 1 (X-1)	MD. JUWILL STRITTRIUM 11-12
	>1 11 - 11 - 1113
PHYSICIAN'S FRITA PIRALE 1	ER JAUREY CO. ARYLTY
220 BURIA. CREMATION   226. DATE THEREOF   22c. NAME OF CEMETERY	Y OR CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	71 -11. 4 70 0
23. FUNJERAL DIRECTOR'S SIGNATURE APPRESS	
1/ 1 1 1 1 1 1 2901-14th &	240. REGISTRAR'S SIGNATURE
IN S. G. Hinle Q. Wash &.	С вит

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 parts after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this mertificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death VS A15 (4) 15M 9/58



e IS RESIDENCE ON A FARM? YES NO

Year

1960

■ITT■■ING P■YSICIAN: The low requires that the death mertificate by the hospital or attending physician.

Page irectar	The state of the s		PLACE OF DEATH  O. COUNTY  MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission o. STATE b. COUNTY
i le	. 1	-	Prince Heorges  b CITY OR TOWN (if outs de corporote 1 mits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
deal funer			RURAL and give nearest town)	
ter fe	Thomas .	<u> </u>	Cheverly 6 days d NAME OF HOSPITAL (If not in hospital, give street address)	Mt. Rainier  d STREET ADDRESS e 15 RESIDE
2 × 0	) /	>	OR INSTITUTION	li000 36th St. ON A FA
ond bus	. /	3	Prince Georges General Hospital  NAME OF First Middle	Last 4. DATE Manth Day Yea
Zar Jed		1	OECEASED (Type or print)  Tinda	Reed DEATH Nov 27 19
iffin 2 ely fule Poges death		_	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 2
etel wit			Female White WIDOWED St DIVORCED []	21 July 1907 53 yrs Manths Days Hours
orted person		10c	USUAL OCCUPATION (Give and of work done 10b KIND OF BUSINESS OR INC	
d co		0	Thirting may of working life, even if retired to the start of the star	re Orange Vyania U.S.
38 m	1	13	EATHER'S NAME A DO	14 MOTHER'S MAIDEN MAME
cior e co		) [	Henry Makley	mollie Vallahue.
physician mave con			WAS DECEASED VER IN U. S. ARMED FORCES? 14 SOC.AL SECURITY NO. 17	INFORMANT Address alove
ng p		(10	(If yes, give wer of Edies of Service) 579-203448 (h	us Khoda Loe Sell- Raught
ease			18 CAUSE OF DEATH [Enter only one cause per tine for (o), (b), and (c) ]	INTERVAL BETW
office de			PART ! DEATH WAS CAUSED BY Multiple Pulmons	
the the The			DUE TO CONGESCIVE Hear	
th by 1.19			I Conditions, it day, which's and	ction and mural thrombus
ires pred perm mov			gave rise to immediate DUETO THYOMOUSIS OF LE	ft anterior descending coronary 1 week
on. signing sit g			lying couse lost (c) Coronary Arteric	sclerotic heart disease years
vsicion beer tran		Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT
phe   phe   phe   phe   phe		3		PERFORM YES A h
AN: T inding icate l he but		CERTIF	206 ACCIDENT WAS JADERLYING   OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part I or Part II of item 18.)
atte atte ertifi as t				PLACE OF INJURY (Home, form, 20f (City or town) (Caunty)
I or use to b		MEDIC	Hour o.m.  P. m.  19 While Nat while of work at work	factory, street, affice bldg., etc.)
er tar				Nov. 21 1960 . to Nov. 27 1960 . that (I) (we
Aft.			saw the deceased alive an Nov • 26 19 60, and that	death accurred at 2.004Mram the causes and an the date stated at
the OR:	3		220 SIGNATURE	22b. D
of T of			( Do Common Mad)	M D PHYS MED STAFF M D PHYS DIRECTOR PHYS X
DIR BIA to			22c PHYSICIAN'S NAME (Type) NAME (Type) NAME (Type)	22d. ADDRESS
A A I			Dr. Chas. D. Connor, M.D.	5813 Landover Rd. Cheverly, Md.
40SP4 by be a UNER ge 3 s		230	BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY	OR CREMATORY 23 D LOCATION (City, town or county) (Stote)
may may FU Page		6	JEMOVAL (SPERITY) 11BQ 60 Ordar H	author St. Keorges
ĭ		24	FUNERAL DIRECTOR'S SIGNATURE	250 REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE
VR A15 (4) 15M 9/59		M	alleys Trended Nome, Mr Kdin	cer, me DATEDEC 1 '60 Chilling & Know

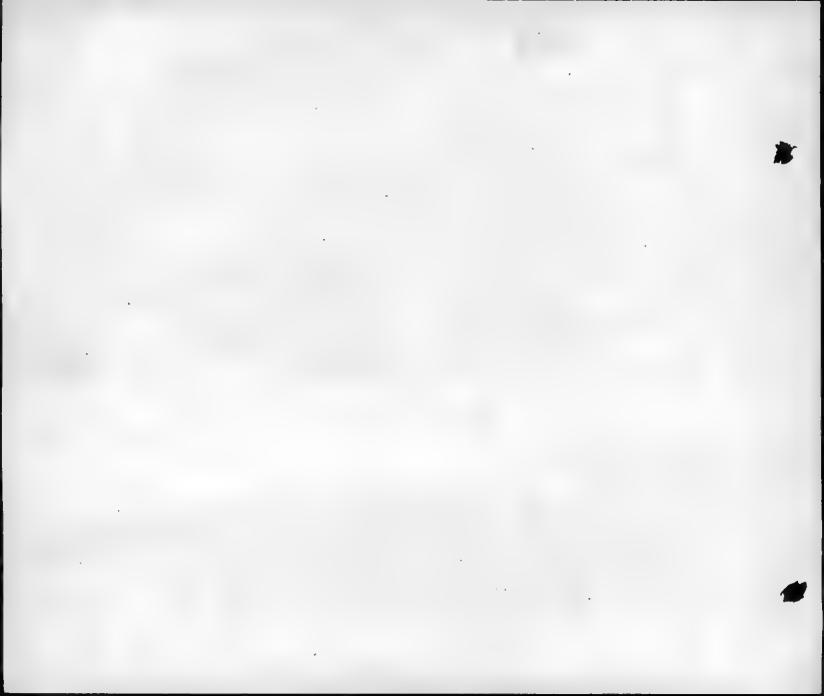
IF JNDER I YEAR IF UNDER 24 HRS Manths Days уга 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN 1 week l week onary 1 week years GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
YES NO (Caunty) (State) 27 ..., 1960, that (1) (we) last and on the date stated above heverly, Md. alithin & Kins



ADDRESS

**=** VR A15 (4) 1SM 9/59

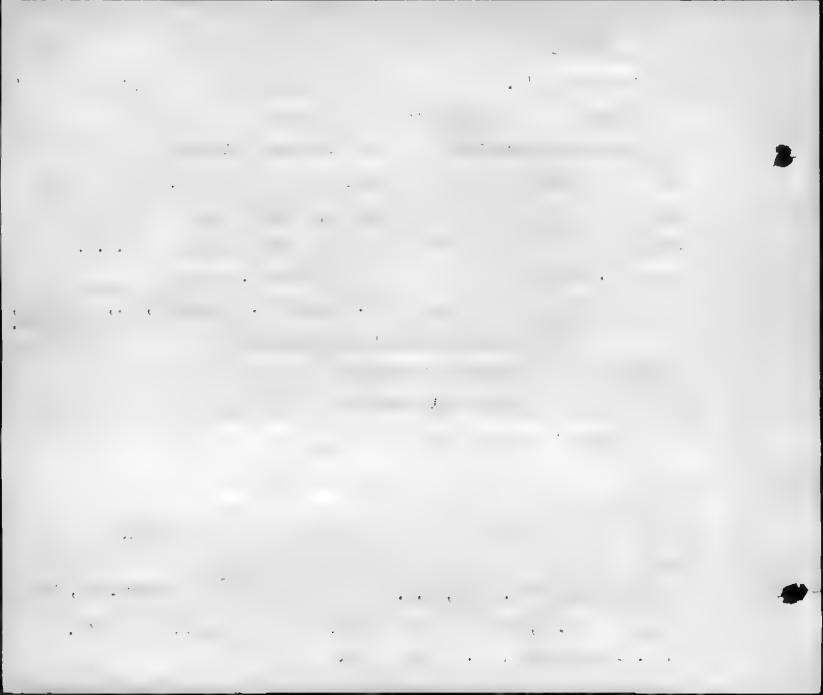
24 FÜNERAL DIRECTOR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STA** 236 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before admission) a. COUNTY Page **b.** COUNTY is ne. Prince George's, MARYLAND Maryland b. CITY OR TOWN ( fourside corporete I mits, FC\_FCITY OR TOWN (If outs de corporete limits, write RURAL and give hearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest lown] Hours Riverdale Greenbelt d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Leland Memorial Hospital Laurel Hill Road 3. NAME OF ithin 34 hours after death. If it is Cive Peops 1, 2, and 3 to the turnorm PMI. Page 5 may be retail form PMI. Page 1 and 2 with the Stream within 72 hours after deapsent in the Stream of the Stream Middle 4. DATE Morth DECEASED OF (Type or print) DEATH  $\mathbf{J}\mathbf{U}\mathbf{D}\mathbf{Y}$ LYNN Nov. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR, IF UNDER 24 HRS. last birthday) | Months | Days Hours | Min. WIDOWED DIVORCED Female 10m. USUAL OCCUPATION (G ve kind of work 106, KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) At School Child West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Norman L. Robertson Ruthalee V. Ervin with form F 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 20 Laurel Hill (Yes, no or unkown) (Ifyesqivewerordelesofservice) Mrs.Ruthalee V. Robertson, Rd., Greenbelt, None None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH Office along v PART I, DEATH WAS CAUSED BY: Massive Intestinal Hemorrhage IMMEDIATE CAUSE (e) DUE TO (b) Intestinal purpura gave rise to immediate cause DUE TO (a), stating the undarlying Penicillin Reaction cause last. cremation. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01: 19. WAS AUTOPSY PERFORMED? Sclerotic Lesion of Brain NO Medical should 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH 1 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Year (County) (State) fectory, street, office bldg., etc.) Not While Hour s.m. et work at work DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner K CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S. November JAMES I. POYD, M.D. NAME (Type) Address (Street, city, lown, or county) 228, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY I 22d. LOCATION (City, town, or country) (State REMOVAL (Specify) 0 4 0 g Arlington National Arlington, Virginia Arlington, Burial 23. FUNERAL DIRECTOR VS. A15ME NOV 23 '60 CHAMBERS Riverdale, Md. 5M 7/59

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IARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEAR RECORDS, 301 W. BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Page a. COUNTY your files. b. COUNTY a. STATES MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nVarest town) uneral director. write RURAL and give nearest lown) ard d. NAME OF HOSE TAL OR INSTITUTION of not in hospital, give street address. STREET ADDRESS a. IS RESIDENCE ON A FARM? State YES NO P NAME OF DATE DECEASED OF (Type or profit) DEATH 2-19 with -8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR 5. 5 FX IF UNDER 24 HRS. may 2 7. MARRIED THEVER MARRIEL and 2 w last birthday) and WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if ratired) Pages none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4.3 in Item 18, Give 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or ankown) | (If yes give war or deles of service) 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN e along I-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY-EUMONIA LOBULA IMMEDIATE CAUSE (a) Office DUE TO burial emoval, Conditions, if any, which (6) "pending" gave rise to immediate cause DUE TO (a), sisting the underlying Examiner cause fest. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 the word NO [ Medical should 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Item 18.) PRIMARY TO or CONTRIBUTING TO age 3 shorto to buriel, CAUSE OF DEATH. execute the certificate, writing Chief m 2Dc. TIME OF INJURY 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 2Df. (City or town) Month, Day, Year (County) (State) fectory, street, offica bldg., atc.) While Not While Hour a.m. should be forwarded to the FUNERAL DIRECTOR: Pair designated agent, prior i at work at work 21. I certify that I took charge of the remains described above, held an Autopsy P. Inspection 1 and in my opinion death resulted from: Natural causes Suicide Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED SIGNATURE DEPUTY MEDICAL EXAMINER I NAME (Type) Address (Streat, city, town, or county) DEP 9989 228 BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d\_ LOCATION (City, town, or country) (Stelle) REMOVAL (Specify) CILD NATIONAL HRLINGTON VA 240 p DURIAL 23- FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15MÉ 816 H

AND STATE DEPARTMENT OF HEALTH



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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to

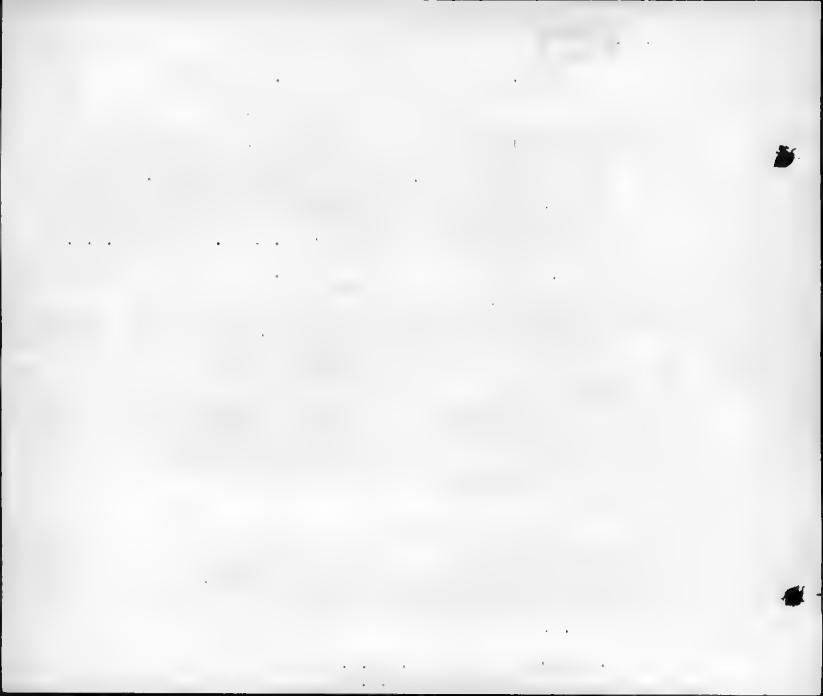
1236 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

hat the	
1. PLACE OF DEATH / NETTE PLEASE THEORY - O. COUNTY LELAND MEM. HOSPITAL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  PA   b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RIVERDALE	AY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MCKESPORT
d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS   e 15 RESIDENC
OR INSTITUTION	ON A FARM
LELAND MEM. HOSPITAL	1304 FAWCETT AVE.
3. NAME OF First Mid	
(Type or print) CORA D	
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	
FEMALE COL. WIDOWED DIVO	CED 2/24/92 G8 yrs Months Doys Hours Mit
10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINES	S OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNT
during most of working life, even if retired)  DOMESTIC	PITTS., PA. U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM J. DADE	MARY E. SANDERS
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	
(Yes, no. or unknown) (If yes, give war or dates of service)	726 Mrs. HENRIETTA JOSEPH
IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)	ronary heart uttack ONSET AND DEAT
DUE TO	+
Conditions, if any, which }	Marzelonges 3 m
gave rise to immediate	
Edute (o), storing the under-	
	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART L(a) 19. WAS AUTOF
PART II OTHER SIGNIF CANT CONDITIONS CONTR BUT ING TO	PERFORMED!  YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJUR' OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(OCCURRED. (Enter nature of injury in Parl I or Port II of item 18.)
3	The BLACE OF BUILDY Have for the Control of the Con
O   20c. TIME OF INJURY Manth, Doy, Year   20d INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Si factory, street, office bldg., etc.)
21 I certify that (I) (this haspital) attended the decease	
saw the deceased alive on 141 19000	nd that death occurred at 2 M, from the causes and an the date stated abo
22a SIGNATURE	M.D PHYS. STAFF   22b. DATI
22c PHYSICIAN S	22d ADDRESS
NAME (Type) N. 3, HUDSON	509 Kili are N.W
23d BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF C	EMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)  MCKEESPORT. PA.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2So REC'D BY REGISTRAR 2Sh REGISTRAR'S SIGNATURE
ROBERT G. McGute-1820 9TH S.	MONEY ICO
F 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2	to any and the second s

WASHINGTON1, D.C.

VR A1S (4) 1SM 9/59

TO HOSE



TO DEL-CY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a mailer is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-main. Sermit, file pages 1 and 2 with the State Board Health, or its designated agent, prior to burial, cremetion, or removal, and over event within 72 hours after death. 10 -

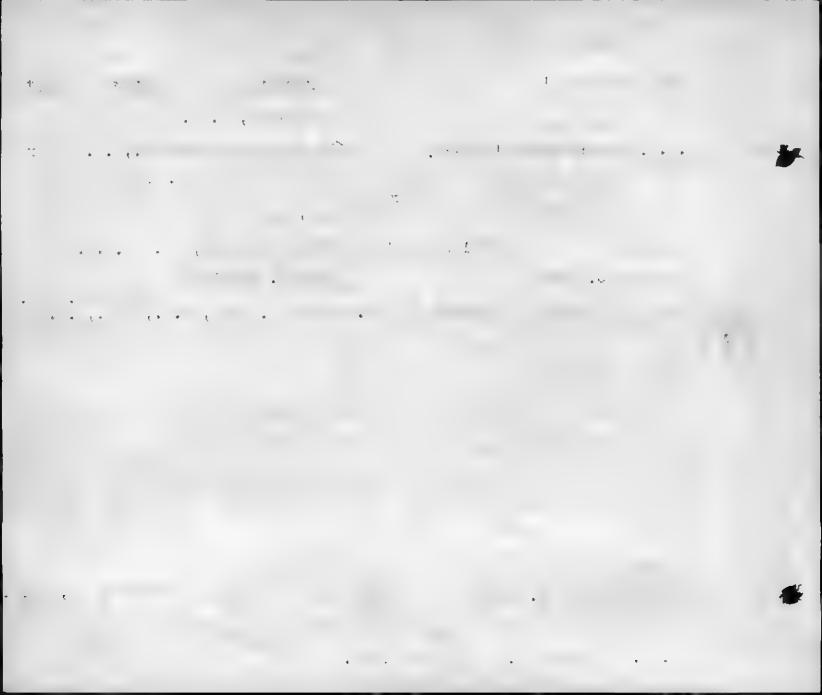
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VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12934 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission)
a. COUNTY	. STATE b. COUNTY
Prince George's MARYLAND	NARRIANA REINBEXEBBREAKS
b. CITY OR TOWN (if outs de corporete limits,, c. LENGTH OF STAY IN 16.	c, CITY OR TOWN (If outside corporete I m ts, write RURAL and give negrest rown)
write RURAL and give neerest town) Cheverly	Machinetan D C
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Washington, D. C.
	ON A FARM?
D.O.A. Prince George's Hosp.	1660 Massachusetts Ave., S.E. YES NO R
3 NAME OF First Middle	Last ' 4. DATE Month Dey Yeer
(Type or print) Ivan Houston Rowe	DEATH NOV. 18, 1960
	DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR, HE UNDER 24 HRS.
Mala Whita: I II I	last birthdey) Months P Deys Hours Min.
MIDOMED   D'AOKCED   ]	uly 17, 1937 23 va.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
A - A	11-00-44 C1- TI- 11-0-4
_AttendantService_Station	Moffattes Creek, Va. U.S.A.
_Richard C. Rowe	Ethel M. Hardison
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. IN (Yes, no, or unknown)   (Ifyesgive were detesofservice)   5 7 / / / ACA / I	Addless 1630 Mass. Ave.,
1/20-7 7-0511	Distance of D
NO NONE unknown Mr. 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), end (c).]	Richard C. Rowe, S.E., Wash, D.C.
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) CESTANTIA	
DUE TO	A
Conditions, if any, w khy (b) a crute Car	bon monofide Donomas
gave rise to immediate couse	7-
(a), steting the undarlying DUE TO	$\sqrt{}$
cause last. (c)	The second secon
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  200. EXTERNAL CAUSE WAS PRIMARY III. OTHER SIGNIFICANT CONDITIONS  200. DESCRIBE HOW INJURY OCCURED. (En	PERFORMED? YES NO D
E 200, EXTERNAL CAUSE WAS ( 206, DESCRIBE HOW INJURY OCCURED. (En	ster netura of Injury in Part I or Pert II of Item 18.)
PRIMARY IN OF CONTRIBUTING   7	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED 20e. PLAC	E OF INLURY (Homa, form, 20f. (City or town) (County) (Stata)
The state of the s	ry, street, office bldg., etc.)
	d an Autopsy , Inspection I Inquiry At and in my opinion
21. I certify that I took charge of the remains described above, held	
death resulted from: Natural causes, Accident, Suicident	de, Homicide Undetermined manner [
	CHIEF MEDICAL EXAMINER
ACTUAL A	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE JA	M D.  DEPUTY MEDICAL EXAMINER
EXAMINER'S TOTAL	November 15 1060
NAME (Type) / James I. Boyd	The state of the s
226. BURIAT, CREMATION. 226. DATE THEREOF 226. NAME OF CEMETERY OR	CREMATORY 22d, LOCATION (City Jown, or country) . (State)
Durial 11-22-1960 Washmato	n Tauona Sculland, Franyland
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRASH 246. REGISTRAR'S SIGNATORY
W. W. CHAMBERS CO., Riverdale, 1	Md. DATE
" " " OTTATION OO., ILL VOLUETO, I	MQ. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 12935CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived | finistitution: Residence before admission) o. COUNTY o STATE **b** COUNTY filed 6-00. MARYLAND RINGF b. CITY OR TOWN (If outside corporate limits, write RPRAL and give nearest town) E. LENGTH' OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA) and give negrest town) pe should NAME OF HOSPITAL (If not hospital, give street address) d STREET ADDRESS S RESIDENCE OR INSTITUTION ON A FARM? OPPN YES NO X 143112 NAME OF 4. DATE M-ddle Yeor OF DEATH DECEASED Pages (Type or print) 1960 death 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED NEVER MARRIED B DATE OF BIRTH last birthday) Months 8 yrs DIVORCED [] WIDOWED [7] 0 papers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working ife, even if retired) 1891N117 711m11141 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 207 nchat remave 16/SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address please CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which (b) gove rise to immediate ě DUE TO couse (a), stating the under lying cause lost. PAIR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED, TO THE TERM NAL DISEASE COND TION GIVEN PULLED 10 WAS ALTOPSY PERFORMED? Crawille YES INO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, I buter noture of injury in Port I or Port II of item 18) 20c TIME OF INJURY Month, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f. (City or town) (Stote) Dov Year (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. \_. 1960; that (I) (we) last 2) I certify that (1) (this haspital) attended the deceased from detached M, fram the causes and on the date stated above saw the deceased alive an and that death accurred at 22a, SIGNATU IGNED ATTENDING PHYS STAFF 8 MD. DIRECTOR [ 22c. PHYSICIAN'S 22d ADDRESS 3 should NAME (Type) William D Rosson 236 DATE THEREOF 23a. BURIAL CREMATION, PREMOVAL (Specify) OR CREMATORY 23d. LOCATION (City town, or county) NAME OF CEMETERY page the Sto (State) 24 FUNERAL DIRECTOR'S S GNATURE ADDRES 256 REGISTRAR'S SIGNATURE 25o arthur S. Hours DATE

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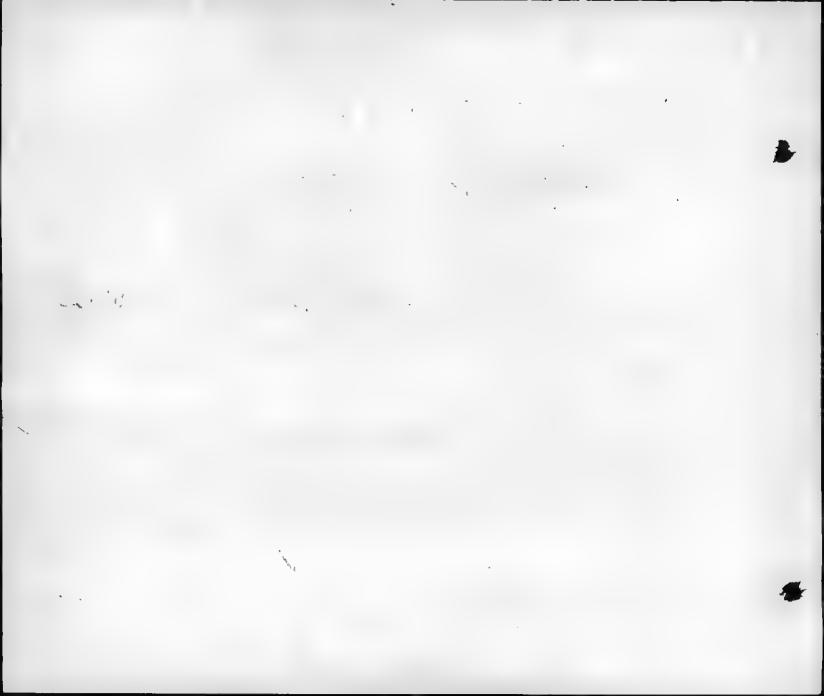
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OR



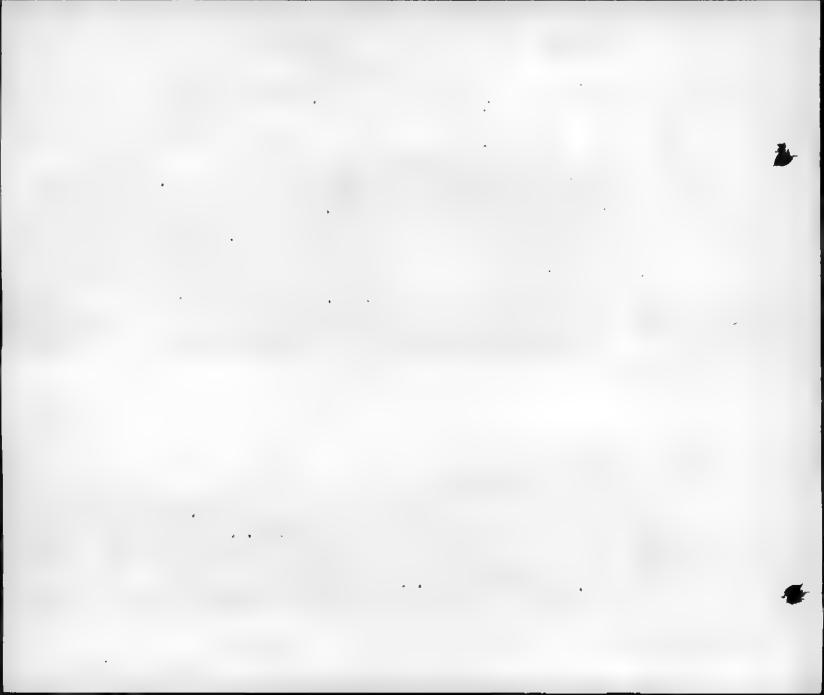
1. PLACE OF				- 11	USUAL RESIDENCE (WI	here deceased	b COUNTY	on Residence b	efore admis	มดา)
11	nce George		MARYLANI	P	Maryland	Dyn	ince Geor	re		
b CITY C	OR TOWN (If outside corporate lime and give nearest town)	nils, write	LENGTH OF STAY IN 1	b	c CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town)					
	erly		Weeks							
d. NAME OR IN	OF HOSP TAL (IF not in hospitor, ST TUTION	give street ode	dress)		d. STREET ADDRESS					FARM?
	nce George Gene	ral_Ho:	spital		2501 Que	ens Ch	napel Roa	.d	YES	NO Z
3 NAME OF	F Fi	irst	Middle		Last	4. DATE OF	Mon	th	Day	Үвог
(Type or			н		Sapp	DEATH	Nov.		23	1960_
5 SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	B D	ATE OF BIRTH		9, AGE (In years lost birthdoy)	IF UNDER I YI		
Male	White	WIDOWED	DIVORCED		Feb. 23.189	93	67 yrs	Months Da	ys Hours	Min.
10a USLAL	OCCUPATION (Give kind of work	done 10b, KII	ND OF BUSINESS OR IN	DUSTRY	11 BIRTHPLACE (State	or foreign c	ountry)	12 CITIZEN	OF WHAT	OUNTRY?
	VOTYPE OPERA				EASTON	PEA	/N'A	U	.S.A	4
13. FATHER'S				14	MOTHER'S MAIDEN					
J	ACOB SAP	P			MARY	/ FI	RICK			
15 WAS DEG	CEASED EVER IN U. S. ARMED FO		CIAL SECURITY NO 17	INFOR	The second secon	-	Add		- S	
No	(if yes, give wor or doles of	140	0-01-5992	MRS	TERESA	SAP	p SA	ME AS	45. OK	
18 CAI	USE OF DEATH [Enter only one c	oute per line	for (o), (b), and (c).]		,			Į,	NTERVAL BE	TWEEN
	PART I DEATH WAS CAUSED BY.	a Pu	1. les al	1	trem be	jein			DISET AND	
Artes	4 A DUE TO		d i	10	)					
Condi	tions if one which \	72	2. I Zigat	Z X	(nx-	7			232	255
	rise to immediate	b)	creat o you	- (/)	- Lecite	7				,
	(o), stoting the under-	(c) 40	estare R	ize	etern f &	heeda	-1 Elle	e	262	529 5
Z	PART II. OTHER SIGNIFICANT COI	ND-TIONS CO	NTRIBUTING TO DEATH I	BUT NO	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(		AUTOPSY
Z	Can	du.	l'asence	74	June :					NO [
20a. AC OR CON (IF EITH	CIDENT WAS UNDERLYING THE NAME OF DEATH PROPERTY OF THE NAME OF TH	206 DESCRE	IBE HOW INJURY OCCUI	RRED (E	nter nature of injury in	Port 1 or Por	t II of item 18)			
₹ 20c. TIM	E OF INJURY Month, Doy, Ye	ear 20d, INJU	URY OCCURRED 20e	PLACE	OF INJURY (Home form	n, 20f (City	or town)	(Cour	nty)	(Stote)
	our o m. p m. 19	While of work	Not while of work	foctory,	street, office bldg., etc	)	·	,		
21 <b>c</b> e	ertify that (1) (this haspita	al) attended	d the deceased fra	m i 4	= - 22 19	(0 ta	Nov. 23	19 60	that (I) (	(we) last
sow th	ne deteased alive an 11	-23	1960 and the	t deat						
	SNATURE /	/	/	4601	Control digital		1110 000303 011	u on me o		b DATE
1 30	Tel Acher	with.	act	M.D		ED IRECTOR	STAFF	no.	23,19	SIGNED
	YSICIAN'S		- 1		22d ADDRESS	1	0 0			
	we (type) Br. Darre	Swartzl	Dack, De		172	a Ege	e by h	ce.le	10-C.	9 <
	CREMATION, 236. DATE THERE	OF :	23¢ NAME OF CEMETER	Y OR CR		23d LOCA	TION (City, town,		(Sto	te)
Bir	机型 11-26-	-60	LOCUST HI	LLC	EMETERY	DOVE	ER, NEW	JERS	EY	
24 FUNERAL	DIRECTOR'S SIGNATURE	0	- ADDRESS	1	2So. REQ	PRO PEGIST	TRAR 256 REGI	STRAR'S SIGNA	ATURE	
W.W	.Chambers 6	o. Vin	erdals, 97	1011	DATE		00	Withung &	fs	
									V I SHARE	

urs ofter death. Page 4 moy be Frained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-trans't permit. Then please seman popers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, or remayal, and in large event, within 72 haurs after death OR ATTENDING PHYSICIAN: The low requires that the deats certificate be executed within 24 to

TO HOSE

VR A1E (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12947

	1.4001	GENTITION	TE OI DEATH		1 1 1
1	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution	n: Residence befare admissian)
	Prince George's	MARYLAND	Marylan		rince George's
r	b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	c LENGTH OF STAY IN 16		utside corporate limits, write RU	
	Cheverly		Riverd	ale	
-	d NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Prince George's Gener			timore Avenue	YES NO.
3	NAME OF First	Middle	Lost	4. DATE Month	
厂	(Type or print) IAlly		Sarton	DEATH Novem	
5	SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min
	remare warte	DOWED DIVORCED	7-1-11	49 yrs	
10	<ul> <li>USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ul>	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	Housewife	own home	Virgini	<u> </u>	USA
13	FATHER'S NAME	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	14. MOTHER'S MAIDEN N		
-	Juknewa		Unknown		
	WAS DECEASED EVER IN U. S. ARMED FORCEST		NFORMANT .	Addre	255
ĺλ	et no or unknown) (If yes, give war or datas of service)	Ro	bert A. Sart	on Riverdale	, Md.
F	IB. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c), ]	-		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
	IMMEDIATE CAUSE (o)	1-Myocardia Inf	erction		
	DUE TO				
	Conditions, if ony, which ) (b)	2-Myocardia seco	ndary to thro	mbosis of Left	Leteral
	gave rise to immediate DUE TO	Artery	,		
	lying cause last. (c)	Arterioscleroti	a-Waant Di saa		
Z		ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM.	NAL DISEASE COND TION GIVE	N IN PART I(a) 19. WAS AUTOPSY
CATIC					PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b	D. DESCRIBE HOW INJURY OCCURRI	D (Enter nature of injury n	Part I or Part II of item 18.)	
-					
MEDICAL	20c TIME OF INJURY Month, Day, Year	£-	ACE OF INJURY (Hame, form ctary, street, affice bldg., etc.		(County) (State)
KED	Hour o.m.	While Not while to work to the other of work to the other of work to the other	A	1	
		Handad the decorated form	Strine 10	42011-22	1966 that (1) (we) last
	21 I certify that (I) (this haspital) at			75 7 MO - 4-4	
	saw the deceased alive an.	1962. Wand that	death accurred \$05_1	My mom the causes and	an the date stated above
	220 SIGNATURE O PO	11m	ATTENDING A MI	ED _ STAFF _	22b.DATE SIGNED
	10h // CC	.001	M D PHYS DI	RECTOR PHYS	112566
L	PAYSIC AN'S Dr. John	P. Clum, M.D.511	O LiBrd Ave.	Hyattsville,	Md.
23	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R RESIDENT	23d LOCATION (City, town, o	r county) (\$tate)
	Nov 25, 19	60 Ft Lincoln	Cemetery	Colmar Manor	Md.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC'	DANY REGISTRAR 256 REGIS	TRAR'S S GNATURE
	h. Gasch's Sons H	yattsville. Md.	DATE	0 00	Lithur & Hyang
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W. after death. Page 4 TO HOSPILLOR ATTEMBING TYPICIAN: The law majorims that the death metaficate be executed within 2% hours, after death. Page 4 may be recorded by the heapital or after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buno-transit permit. Then please remove carban pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any every, within 72 hours after death. 72 hours after death.

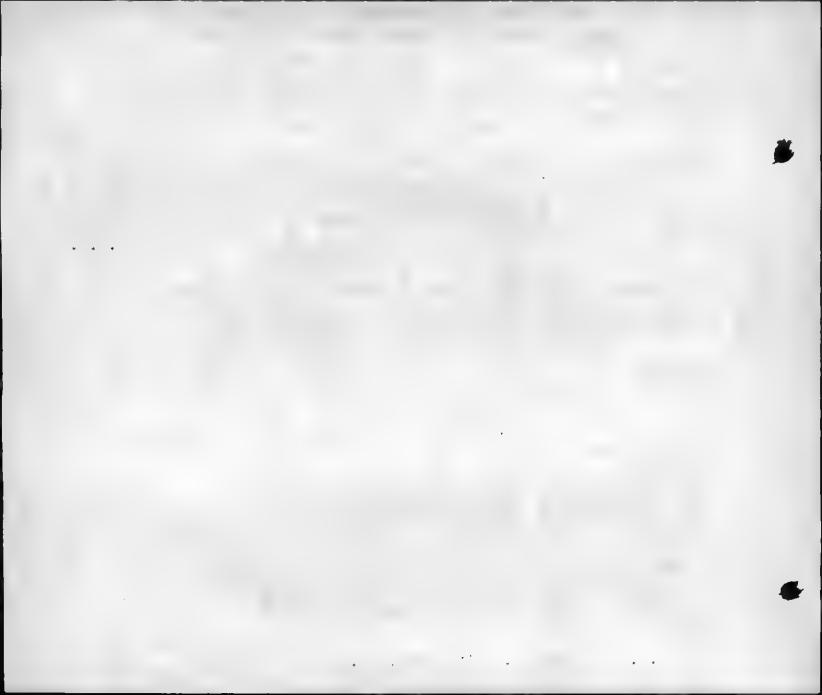
VR A15 (4) 15M II/59



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) b. COUNTY g. STATE MARYLAND c. LENGTH OF STAY IN 1b (If autside corporate limits, write RURAL and give nearest tawn) d, NAME OF HOSPITAL OPINSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE OF Middle Month DECEASED (Type or prinff DEATH 19 600 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 9. AGE ( n years IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF 8USINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Luz B 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse fost. 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part I or Part It of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stote) foctory, street, office bldg., etc.) While Nat while d. m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 27, Inspection 27, Inquiry 27, and find that death resulted from: Natural causes . Accident . Suicide , Homicide , Undetermined cause . DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER DO 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 245. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. A15ME(5) CHAMBERS CO. Riverdale, Md. Circles S. Haus DATE NOV 2 9 '60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5M 9/55



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, if institution, Rasidence before admission) Page B. COUNTY **b. COUNTY** director, Page or your files, Prince George Hea K 10 F 10 F Maryland Prince Geor. b. CIT OF TOWN , c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Ť0 Mount Rainler Cheverly
d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give straet addrass) e. IS RESIDENCE ĝ ON A FARM? retained he State B 3107 Bunker Hill YES NO George General Hospital Road 4. DATE DECEASED and 3 to the the (Type or print) November 19 60 November 9, 19 60
AGE (.n yaars, IF UNDER 1 YEAR) IF UNDER 24 HRS. with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH may b 62 yes. Months Days Hours I Min. WIDOWED [ DIVORCED [ Female 10n USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (Stata or fora gn country) 12. CITIZEN OF WHAT COUNTRY? Page s i and done during most of working life, even if relired) U.S.A. Housewife Pennsylvania pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Isabelle Williamson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mt. Rainier. Md. [Yes, no, or unkown] [ (If yasg vawar or datas of service) Office along with to burial-transit permit Bunker Hill, Rd. Joseph None Shenk, in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which gave risa lo immediala causa m Examiner's (a), stating the underlying 10 cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? <u>6</u> Word YES A NO [ pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enlar natura of injury in Part t or Part II of item 18.) PRIMARY [] or CONTRIBUTING [ CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While sase execute the certificate, w should be forwarded to the FUNERAL DIRECTOR: Pa at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry [ and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED LSSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S. November BOYD. M.D. NAME [Typa] Address (Sireat, city, lown, or county) DEP 22c. NAME OF CEMETER TOR TREMATERY 22a. BURIAL, TREATMON 226. DATE THEREOF 22d. LOCATION (City, town, or country) Arlington National Arlington, Virginia. Z40 6 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME NOV 1 5 '60 arthur & Thous Riverdale, Md. 5M 7/59

AND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12940 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Diet. No. cremation should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND rr. George Prince George b. CITY OR TOWN (If purside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly D.O.A. Glen Argen Woods d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS .. IS RES DENCE ON A FARM? YES NO W 320h Haves St Prince George General NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 60 Clayton Prian Simpkins Nov . 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 AR IF UNDER 24 HRS. lost birthday) Months Days Min. WIDOWED DIVORCED T Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most at working life, even if retired) Washington, D.C. child may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes 10 Dorothy E. Williamson Edward W. Simkins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give E.W. Simkins -- as above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Pneumonitis MMEDIATE CAUSE (a) alang with for burial-transil DUE TO Canditians, if ony which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. O Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19, WAS AUTOPSY ő PERFORMED? NO T CERTIF 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while 0.00 ot work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection 🔀, Inquiry 🖾, and find that Accident Suicide , Hamicide , Undetermined couse death resulted fram: Natural causes A prwarded to the Chi DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 11-9-60 DEPUTY MEDICAL EXAMINER NAME (Type) Dayton O Watkins 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION, 22d JOCATION (City, Jown, or county) (State) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15MEIST Ching & Kines 5M 9/55



may be retained by the haspitol or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in ony event within 72 Mours ofter death.

TO HOSPI

VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12988

**CERTIFICATE OF DEATH** 

12951

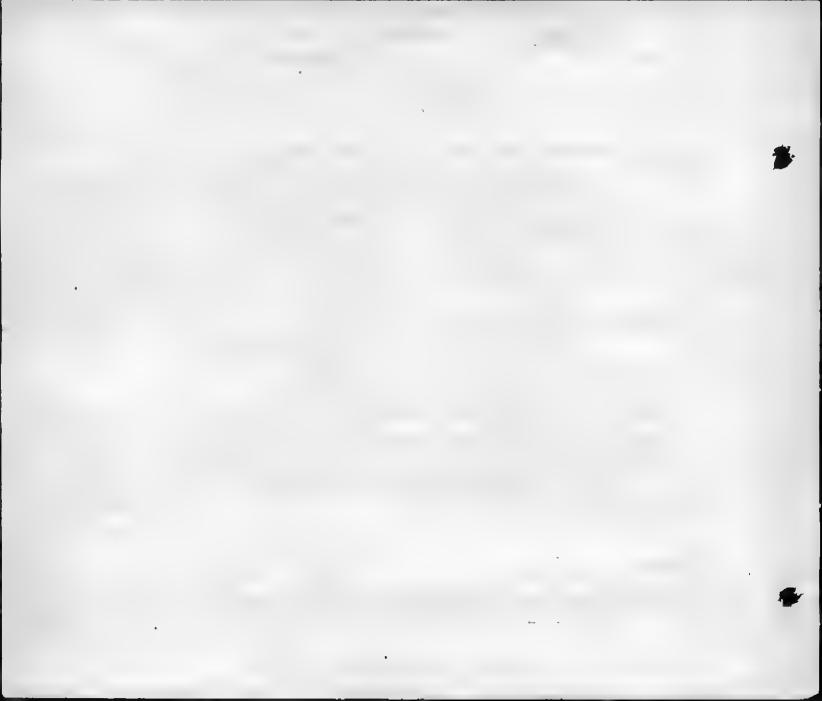
	1~1/()()				Keg. Dist. No.
o. COUNT ING	George 1s	MARYLAND	2. USUAL RESIDENCE (W)	nere deceased lived. If institution and b. COUNTY	on Residence before admission) Pr. George 8 Co.
	f autside corporate limits, write orest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Hillcrest H	outside corporate limits, write RU	JRAL and give nearest town)
d. NAME OF HOSPITA 5806- 28th	AL (If not in hospital, give street  Ave, S.E.	oddress)	d. STREET ADDRESS 5806 - 28t	h Ave., S.E.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	ARY C	Middle SLAUG	Lost HTER	4. DATE Mont OF NOVember	
Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	Sept. 17. 18	9. AGE (In years lost birthday) 66 yrs.	IF UNDER TYEAR IF UNDER 24 HF Months Days Hours Min
Oa. USUAL OCCUPATIO during most of working Retire	DN (Give kind of work done 10b. ing life, even if retired)	U.S.Gov <sup>1</sup> t.	STRY 11. BIRTHPLACE (Stole New Yor		12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME	•		14. MOTHER'S MAIDEN		
(	Ora Chrissman		Marga	ret Phillips	
	R IN U. S. ARMED FORCES? 16.		INFORMANT  1. E. Slaughte	r 5806-28th Ave	
<u> </u>	DUE TO  (c)  LER SIGNIFICANT CONDITIONS				EN IN PART 1(0) 19 WAS AUTOPPERFORMED? YES NO
THE EITHER, NOTIFY	MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in LACE OF INJURY (Hame, farm		(County) (Sto
20c. TIME OF INJURY Hour a. m. p. m	While	- L	octory, street, office bldg., etc	(City or lown)	(County) (Sta
21. I certify the alive an	at 1 oftended the decea	sed from facility and that death	M.D. / 80/		that I last saw the deceas d on the dote stated obo- state)  DATE SIGN  LOV. 18-1
PHYSICIAN'S NAME (Type)		WOODSON	$\omega$ .	or king four	6,0,C.
BUR AL, CREMATION BEMOVAL (Spacify)	Nov. 21-1960	Celan .	OR CREMATORY HERP	22d LOCATION (City, town, a	(State) (State)
23. PUNERAL DIRECTOR'S	s signature 1661—Go	od Hope Rd. SE		100	STRAK'S SIGNATURE



CERTIFICATE OF DEATH 12989Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission) o. COUNTY O. STATE NIC . Prince George **b. COUNTY** MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) Titchelville ploods 5yrs. Litchelville d NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE B x 134 YES X NO NAME OF DECEASED First Middle /Last 4. DATE Month Years (Type or print) DEATH 1966 5 SEX 6 COLOR OF RACE MARRIED A NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost, birthday) Manths Days Hours Male Calored WIDOWED [ DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ten an t Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME D Andrew Smith Eliza Coates remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT I.Id. Address Box 34 Mitchelville. Mary Smith guipu 18 CAUSE OF DEATH [Enter only one couse per lipe for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ex Vanalay in Frat pleases permit. Conditions, if ony, which dued gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? YES TO NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II of item 18.) 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED (Stote) (County) factory, street, affice bldg, etc.) Hour e. m While Not while of work of wark 19.4Q. that I last saw the deceased 21. I certify that I attended the deceased from 12 P. M. from the causes and an the date stated above. alive on \_\_, and that death accurred at DATE SIGNED DIRECT ACTUAL SIGNATURE å 3 should PHYSICIAN'S NAME (Type) O FUNE 220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) ebod 11-21-60 St. Marys Church Croome, Md. 23. SUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR 4339 Hunt Pl., N.E.

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18



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VR A15 (4)

15M 9/59

1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY p. STATE b. COUNTY MAKES STATE Mary land Prince Georges Prince George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 18 days Lanham Chever V
d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM YES NO Prince Georges General Hospital 7219 Patterson Street NAME OF 4. DATE Middle Year DECEASED DEATH (Type or print) John 19 60 Stark Nov 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE flip years last birthday) Months Dovs Hours Male White WIDOWED [7] DIVORCED [ June 10a USLA, OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Salesman Driver vmp1a Bakery Washington, D. C. TT S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Stark Mamie Sutphin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or unknown) 219 Patterson St. Mrs. Minnie Starkanham - Maryland CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **DUE TO** njulone plantis Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 119. WAS AUTOPSY PERFORMED? YES \ NO \ 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year (County) (Stote) fectory, street, office bldg , etc.) Hour o. m While Not while of work of work 12 6 0 to 19\_6\_a, that (1) (we) lost \_1960, and that death occurred a \_0000 from the couses and on the date stated above. saw the deceased alive on... 22a SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR -M.D. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) CharlesD. Connor 4410 74th Ave- Landover Hills Md. 230 BURIAL, CREMATION, 236 DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (Stote) Burial (Specify) Fort Lincoln Cemetery Prince Georges County. 250 REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE S.H. Hines Co. - 2901 Curtary & Kraus DATE NOV



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12942

### **CERTIFICATE OF DEATH**

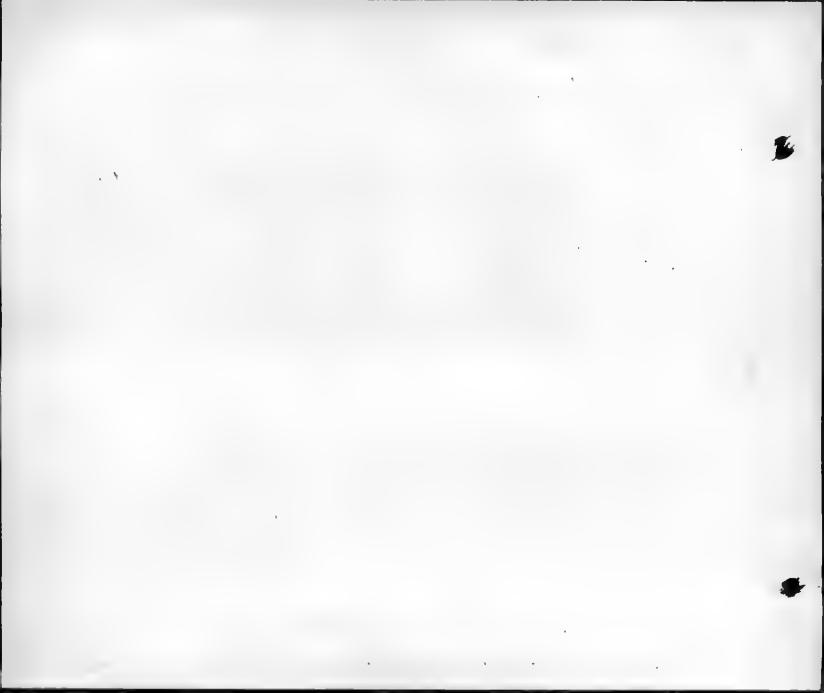
12954

Reg.	Dist.	No
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12016	Reg. Dist. No
1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
O COUNTY PHINCE GEONGES MARYLAND	o STATE DE (Where deceased lived It institut an Residence before admiss an) b. COUNTY PAINTE GEAR GES
b CITY OR TOWN (If outs'de corporole Umils, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate I mits, write RURAL and give pearest town)
chevenly 5mcs	Camp Spring
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e IS RESIDENCE ON A FARM?
Ad-SACONDA CONVALOSCENT HOME	7369 13 MINKLEY 12 4 YES NO 14-
3 NAME OF DECEASED (Type or print) Emm A S Middle	TAILFFETZ DEATH NOV 49 1960
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH  9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ost birthdoy)  Months Days Haurs Min
WIDOWED DIVORCED	Dec 5 1892 70 yrs. Months Days Hours Min
10a USUAL OCCUPATION (Give x nd af work done 10b KIND OF BUSINESS OR INDU Buring mast af working life, eyen 'f retired)	
Nex 1800 T. Post CFF LE	VIBSINIA CLISH
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
D16.61	UXIKNO1671.
	NFORMANT Address
(Yes, no, or unknown) (If yes, give war as dates of service) NONE	AUL.W. STAUFFER, 7369 BRINKLEY R
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY Brenchopm	EUMONIA, UIRAL 72 hrs
DUE TO	
Conditions, if ony, which ) (b) CEREBRAL A	nterlosclenosis 5yns
gave rise to immediate DUSTO	7-7-7
cause (o), stating the <u>under-</u> (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
200 ACC DENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or lown) (County) (State)
21. I certify that I attended the deceased from JINE	, 1960, to Nev19 , 1960 that I last saw the deceased
and the second s	and the second s
alive an 1940, and that death	a accurred at 5.5.4M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
ACTUAL Mermet to the Tomace	ADDRESS (Street, City of lown, store)
SIGNATURE	M.D
PHYSICIAN'S NEWNITH DENATE OF	TEAL MT KAIN, ER ML
220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY C	
Burial 11.22.60 Cedar Hill	Cemetery Suitland. Maryland
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
Lee Euneral Home. 300. 4th st N H	DATE MOV 28 60 Circles e de
	- Contract

TO HOSPIT DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hors after death. Page 4 may be recorded by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been s gned by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Them lease remove carbon papers. Pages 1 and 2-should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/5B

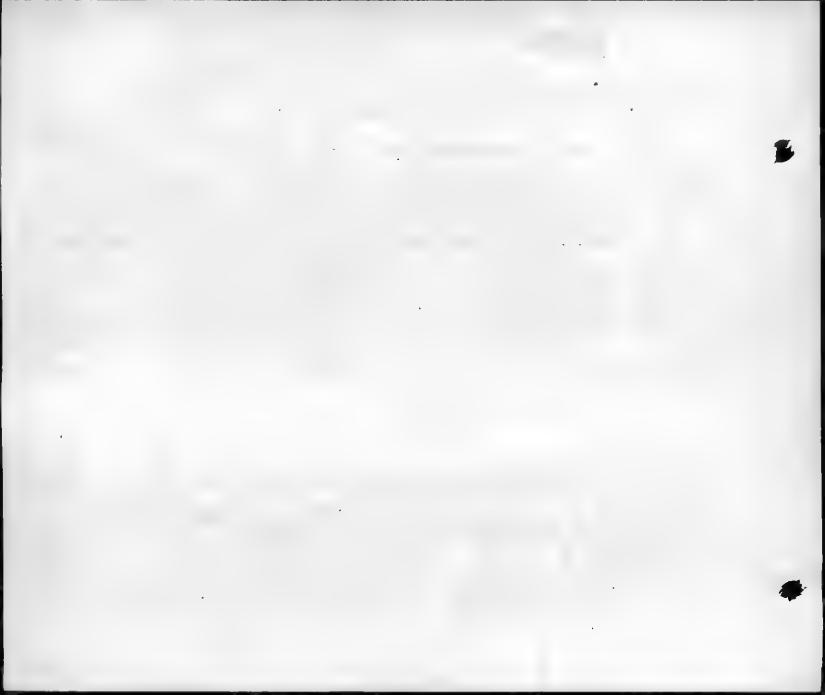


PLACE OF DEATH  o. COUNTY  PRINCE GEORGES  2 USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on) b. COUNTY  DISTRICT OF COLUMBIA  OUT OF COLUMBIA  DISTRICT OF COLUMBIA  OUT OF COLUM							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)							
	ANDREWS AIR FORCE BASE DEAD ON ARRIVAL, YWASHINGTON  d NAME OF HOSP TAL (If not in hospito, give street oddress) OR INSTITUTION  d. STREET ADDRESS	e IS RESIDENCE ON A FARM?					
	USAF HOSP ANDREWS ANDREWS AFR WASH DC 2812 KEITH STREET, SE	YES NOTE					
3		Day Yeor 1.2. 19.60					
s	S SEX 6. COLOR OR RACE 7. MADDIED TO B. DATE OF RIPTH 9. AGE (In year) IF U.S.	NDER 1 YEAR IF UNDER 24 HRS					
	MALE CAUCASTAN WIDOWED DIVORCED 5 NOVEMBER 1927 33 yrs Mon	nths Days Hours Min					
N 31	MEDICAL TECHNICIAN US AIR FORCE WEST VIRGINIA	NITED STATES					
) 1:	13. FATHER'S NAME						
4	ERNEST FRANKLIN STOCKS DECEASED						
	15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT  Address  (Yes, no, or unknown)						
	YES FEB 1946-60 234-38-9570 AIR FORCE PERSONNEL RECORDS						
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART DEATH WAS CAUSED BY INFARCTION OF MYOCARDIUM	IMMEDIATE					
	4-20 A DUE TO						
	Conditions, if any, which ) (b) ARTERIOSCLEROTIC HEART DISEASE	7 MONTHS					
	gove rise to immediate DUE TO						
	lying couse lost. (c)						
70	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO					
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N  200 ACC DENT WAS UNDERLYING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)						
1	20c. TIME OF .NJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work to the control of the control of work to th	(County) (State)					
	21 I certify that (1) (this haspital) attended the deceased from 19 3 612 49 60, 107-30-12 Nov., saw the deceased alive 1930-12 Nov. 60, and that death accurred at 750 PM, from the causes and ar						
	220 SIGNATURE ATTENDING MED DIRECTOR PHYS	226 DATE SIGNED 12 Nov					
	22c PHÝSICIAN'S   22d. ADDRESS   22d. ADDRESS   USAF HOSP ANDREWS, ANDREWS	AFB, WASH 25, DC					
2	230 BYRIA. CREMATON, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 230 OCATION (City town, or confidence of the MOVAL (Specify) 16 NOU. 1960 HELINGTON NATIONAL HELINGTON VA	unty) (Stote)					
2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR						
	MINALD: TUNEERS HOME BIGHTST. N.E DEZ DATE NOV 15'60 and	or S. Kround					

rs after death Page 4 the attending physician and campletely filled in by the funeral director. Then please remove carban papers. Pages 1 and 2 should be thread with TO MOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamay be a med by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 at the State Board of Health prior to burial, cremation, at removal, and in any event, within 75 fours after death.

VR A1S (4) 1SM 9/59



**BALTIMORE 1, MARYLAND** Division of STATISTICAL RESEAR 2950FOR STATE DICAL EXAMINER'S CERTIFICATE 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) 1. PLACE OF DEATH a. COUNTY Page e. STATE b. COUNTY MARYLAND b CITY OR TOWN 'if outside corporete lights c CITY OR TOWN (If outside corporele l.m is, write RURAL and give neeres town) C. LENGTH OF STAY IN 15 director, write, RURAL and give nearest Town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO " 3. NAME OF Middie DATE DECEASED OF (Type or print) DEATH 19 AGE (In years HF UNDER 1 YEAR IF LINDER 24 HRS NEVER MARRIED and 2 wi lest birthdey) WIDOWED DIVORCED [ USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? 1 and Yong during most of working life, even if relired) pages PM3. FATHER S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO 1 17. Address 264 (Yes, no, or unkown) (Ifyesgivewer or deles of service 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO burial É Conditions, if any, which geve rise to immediate cause **DUE TO** (e), steting the underlying cause lesi. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO L D 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18 ) PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH. 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) Month, Day, Yeer (Stella) 20c. TIME OF INJURY (County) fectory, street, office bldg., etc.) Not While et work et work s the the - 196 D OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 0 ä lease execute the certific should be forwarded to FUNERAL DIRECTO H Suicide L death resulted from: Natural causes Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEP 6929 226. BURIAL, CREMATION, 226. DATE THEREOI 226 NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 6 0 <u>a</u> 24n. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME arthur S. House 5M 7/59

AND STATE DEPARTMENT OF HEALTH



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## **CERTIFICATE OF DEATH**

12957 Reg. Dist. No.

	ACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)
a	COUNTY MARYLAND	o. STATE 6 COUNTY ( ) A D C S
	CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	7 aul Brotz
d.	NAME OF HOSPITAL (If not in hospital, give street address)	SYREET ADDRESS . IS RESIDENCE
1	OR INSTITUTION	ON A FARM? YES NO
-117		<u>p-</u>
DE	ME OF First Middle	Last 4. DATE Month Day Year
	pe or print) Mary (Race	- Wann DEATH // 1960
5 SEX	6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH  9 AGE (In years IF JNDER I YEAR IF UNDER 24 HRS last birthday)  Months Doys Hours Min
	temale Nicho WIDOWED DIVORCED	5-4-23 38 yrs 1000 1000
10a. L	SUAL OCCUPATION (G ve kind) of work done 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	fring most of working life, even if retired)  TOUSE WORR  Se, L. H	Chaples In M.). USA
13. FA	THER'S NAME	14. MOTHER'S MAIDEN NAME
	healten Thompson	Elizabelli Tizaclas
15 W	AS DECEASED EVER IN U. S. ARMED FORCES? TA SOCIAL SECURITY NO	INFORMANT Address Par
(Yes, n	o, or unknown) (If yes, give war or dates of service)	1 1011
$\parallel$		William H. Thempson (Grithers) robe us Me
/ ·   "	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	- edwara & rendskulden
	DUE TO	
	Conditions, if ony, which ) (b) congression	dent failing
	gave rise to immediate DUE TO	0
	ying couse last. (c)	
3		T NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATION		PERFORMED? YES NO D
	DO ACC DENT WAS UNDERLYING []   206. DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in Port I or Part II of item 18.)
_   ⊡   0	R CONTRIBUTING [] CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	
1 - 1 -	· · · · · · · · · · · · · · · · · · ·	LACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State)
WEDIC	Hour a m. While Nat while fo	actory, street, affice bldg., etc.)
₹ -	p. m. 19 at work at work	
2	1. I certify that I attended the deceased from 11.113	1960, to 11 114 , 1960, that I last saw the deceased
0	live an 11 14 , 1960 , and that deat	h accurred at 5 A.M. from the couses and on the date stated above.
_		ADDRESS (Street, city or town, state)  DATE SIGNED
A	CTUAL GNATURE SO	Mo Southern Maryland Hosp 11/11/60
1		
PI	HYSICIAN'S BERNARD SCHNEIDER	Clinton Mr
	URIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d NOCATION (Gly 20 VI) ar county) / (State)
1/4	EMOVAL (Specify)	(B) 1/20 (1/1 (m) 2/1)
22 51	NERA DIRECTOR'S SIGNATURE A ADDRESS OF	
13/1	HOME OF STONATURE HOME OF ADDRESS O DA	. // ). //
IVAT	inches property of the	9 Page DATEMON 22 160 Inthuy S. Kraus

TO HOSPICE OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 he defect death. Page 4 may be retained by the hospital an attending physician.

TO IUMBRAL MIRACOR: After this certificate has Rean signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremainan, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58

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9 3.0				1294;	}	CERTI	FICA	TE OF D	EATH						(+ w) ()
Page rector	1	1	LACE OF DEATH			MAD	YLAND	2. USUAL RES				OUNTY	Residence bei		
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ero bero		'	. CITY OR TOWN ( RURAL and give n	It outside corporati earest town}	e limits, write	c. LENGTH OF STA	YINID	J-C CITY OR	O 11) INWOT	utside corpo	orote limits	, write RU	RAL and give n	egrest for	MR)
fu fu		_		heverly		7 days		A	Fairm	ont	Hgts				
ofte the sho	171	7	OR INSTITUTION	FAL (If not in hospi	ital, give street	address)		d. STREET	ADDRESS					e. 15 RI QN	A FARM?
O C	VI		Prince	Georges	General	Hospital			1008		60th	St.		YES [	
E 5	,		NAME OF DECEASED		First	Middl	le	Lo	251	4. DATE OF		Month	1 [	oy	Year
aller of h			Type or print)	Lil	lv			Thomp	son	DEATH		Nov	4	f	19 60
ithii Y f		S. 5	EX	6 COLOR OR R	ACE 7. MAR	RIED 💂 NEVER MARE	RIED 🔲	B. DATE OF BIR			9. AGE (		Months Days		
d × det × det			ReMale	Black	WIDOW	ED DIVORC	ED 🔲	Un	13 mou	in _		2 yrs.	Months Days	Hours	s Min.
omp sper			USUAL OCCUPATION	ON (Give kind of	wark dane 10b	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHE	LACE (State	ar foreign c	country)		12 CITIZEN	OF WHAT	COUNTRY?
d co			during most of war	king lire, even ir re	etired)				HI	C.					
be e		13.	FATHER'S NAME	1		7 1		14. MOTHER	S MAIDEN N	IAME					
cion chin	1	\	KAR	o.t	1	181116		,	Dar	2/1		17	74/01	and the same	
iffice hysi twi	( 1					SOCIAL SECURITY N	O. 17, IN	FORMANT				Addre	185		
g p ren		(Yes	. no, or unknown)	(If yes, give wor or da	tes of service)		h/	1/1/212	The	nunge.	0 14	5	DIVIE 3	> c -	#2
oth adin		=	18. CAUSE OF DEA	ATH   Enter only o	ine cause per l	ine for (a) <sub>2</sub> (b), and (c	1.1		7.7.41	74773			IIN	TERVAL I	BETWEEN
de de				ATH WAS CAUSED	BY.	Cerebra	' /	Vanens	Can b	Ron	den	<del>/</del>	101	SET AN	D DEATH
the character hen			531	IMMEDIATE CAU	JE TO	00000		,						w	Do.
hat by t			-7-1		JE IO	1.7	*	P	~					7 . /	-1
ed raii			Canditians, if 8 gave rise to i	mmediate	(b)	overen		ec esqu	46				-	7	<del>/</del>
quir ign			cause (a), stating lying cause lost.	the under-	JE TO										
en y		z		HED S COME CANT	(c)	CONTRIBUTING TO D	EATH BUT	NOT PELATED T	O THE TERM	MAI DISEAS	E CONDIT	ON GIVE	N IN PART 1/a1	10 WA	S. A. ITOPSY
lov nysir be l-tro ion,		E	144111 011	FIER 3 CHAIR CAIN	CO 4DIT OI43	CONTRIBOT NO TO D	EATH OUT	1401 KEDNIED I	O IFIE CRIMI	INAL DISEA	11 COI 1011	014 0146	it it i had i ital	PERF	FORMED?
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CIA tren tren tren tren tren tren tren tren							90 P	CT OF INJUNEY	1)1 1	401 (6*		-	10		15
rec rec rec bur		MEDICAL	20c. TME OF INJUI Haur a m	ct Manth, Day	While	INJURY OCCURRED  Not while		ACE OF INJURY tary, street, off			y or tawn)		(Count	/)	(State)
프라 마음		₩.	p. m.		19 ot wa					1					
ING Daspi Frer d fo			21   certify the	at (I) (th <del>i</del> s hos	pital) often	ded the deceased	d from	10/24	19	60 to.	no	4 1.	1960	that (I)	(we) lost
P P P P P P P P P P P P P P P P P P P			sow the decea	sed_olive_on_	1114	1960, on	d that d	eath occurre	ed o1320	MPMrom	the cal	uses and	on the do	te state	d obove
TTE TO THE			22a SIGNATURE	105/		/	0	LTTC NO.						- 1	226 DATE SIGNED
d b d b o be				100		00 122	<u> </u>	M D PHYS	DI DI	RECTOR [	PHYS				
o pile			22c PHYSICIAN'S NAME (Type)	NO		110	1	22d ADD	RESS	2117	0	1	/	. //	/
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OSPI DER JNER JNER State		230	TRAL CREMATIC		HEREOF	23c NAME OF CE	METERY O	R CREMATORY		23d/10CA	TOY (CIT	y town, or	county)	, (St	iote)
I G I S	- Y		REMOVAL (Specify	11-9	-60	11ut.	MW)	nowy		Lar	1 dor	レレ	m o	J. 3	
5 5 5 5	1 1	24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		O A	250 RECT	D BY REGIS	TRAR 2	Sb REGIST	FRAR S SIGNAT	URE	
VR A15 (4) 15M 9/59		1	15, W 031	yus lon	Sim	× 425 I	) em	2 Chal	16 miles	1 6/ A	50	فعيب	und B. Tile	a de la constante de la consta	



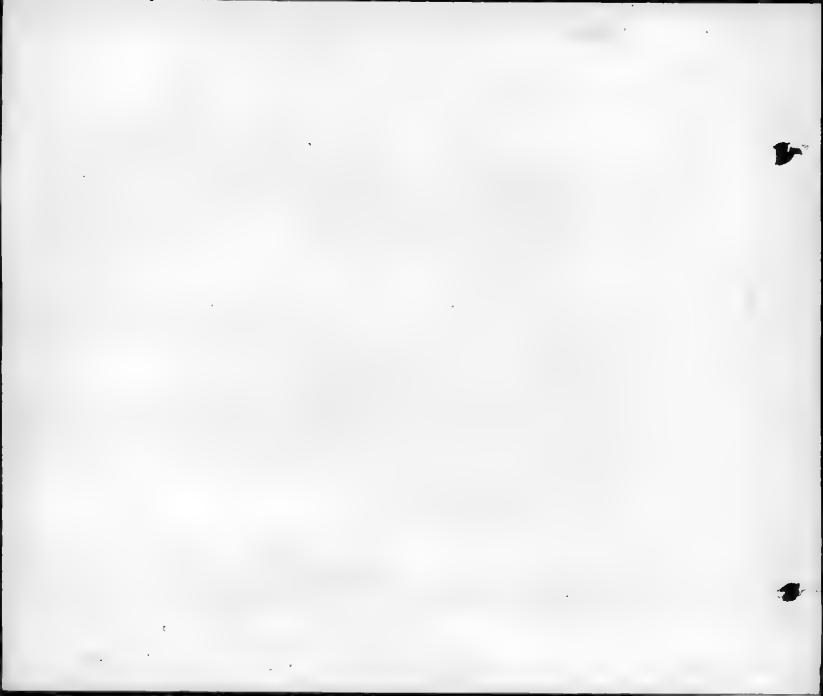
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٤.	PLACE OF DEATH	* ( . R :	, MARYLAND	2 USUAL RESIDEN a. STATE	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY				
	RURAL and give no		c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside corporate lin	nits, write RURAL and gi	ve nearest fown)		
		Hyattsville AL (If not in hospital, give stree	142.	L CYPETY APPLI	DEC.	2	e IS RESIDENCE		
	OR INSTITUTION	At (it not in naspital, give stree	1222	d. STREET ADDI	m 1	14 11 11	ON A FARM? YES NO IX		
-	NAME OF	Listor Hilly A	7 26 3 77	11 2//4	4. DATE				
"	DECEASED (Type or print)	ppoint Par	Middle	in/ TOIN.	OF	NAPPMA	Day Year		
5.	SEX	2 1	RRIED NEVER MARRIED	B DATE OF BIRTH	9 AG lost	Actual County County	YEAR IF JNDER 24 HRS		
-			VED DIVORCED	pas 1 1	,	3 yrs 3	4		
100	during most of work	ON (Give kind of work dane 10th ing life, even if retired)	. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	(State or foreign country)	X A 3 12 CITIZ	EN OF WHAT COUNTRY?		
13.	FATHER'S NAME	(~, ' C-		14. MOTHER'S MA	IDEN NAME		2 4 1 1		
	HAEN	V1.A/1.	An:	FANA	11e Map	GAN			
		RAN U. S. ARMED FORCES? 116	S. SOCIAL SECURITY NO. 17.	INFORMANT	7.07	Address	·		
(44	n, no or unknown)	(If yes, give war or dates of service)	******	Jo. agn.	Satraine	A? - 14 m	ulid.		
		TH [Enter only one couse per	tine for (o), (b), and (c).]	: /	•		INTERVAL BETWEEN		
	PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (0)	MYCLARO	LICH I	ntaketia	И	· · · · · · · · · · · · · · · · · · ·		
	4.	DUE TO				**			
	Conditions, if o	ny, which ) (b)	CUREMARY R	Heren so	10 10 513		XYEL,		
	gove rise to i	mmediate (							
	lying cause lost.	(c)	COPHERALIZ	ed ARLEA	210 St /0/05/5		31. 11/2		
Z	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BI	JT NOT RELATED TO TH	ETERMINAL DISEASE CON	D TION GIVEN IN PART	I(o) 19 WAS AUTOPSY PERFORMED?		
ICATION	d	raubitus u	ICHE OF hi		10 Oston Mys		YES NO		
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HÓW INJURY OCCURI	RED. (Enter nature of in	jury in Port I or Port II of i	item 18)			
1	20c. TIME OF INJUR	Y Month, Day, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJURY (Hon	ne, farm, 20f. (City or tov	vn) (Co	ounty) (State)		
MEDICAL	Hour o m,	19 rat w	e Not while	factory, street, office bl	dg., etc.)				
~		t (1) (this haspital) atter		Enla	10 (4) 4=	Wal 1 619 1	that (1) (we) last		
		ed alive an	and the second s						
	220 5 GNATURE	ed diive dii	* ZZZZ 17 <u>192</u> 97 ORO TROI	dedili docurred o	n_£±_;w, nom me c	dozes and an me	226 DATE		
	manufacture and	1 the	7. h.	M.D PHYS.	DIRECTOR D STA	AFF	11/ A SIGNED		
	22c PHYSICIAN'S	C OCA MANA	7.70	22d ADDRESS	DIRECTOR		7 7 + 1		
	NAME (Type)	LAR. HE	v+xx/	17:11.8	RIALL	fit hall	1814 10 1		
23	BURIAL, CREMATIO	N. 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		City, town, or county)	(State)		
	BURIAL (Specify)	11/26/60	FRANKFO	RIP	FRANK	FORT, KENTL	JCKY		
24	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS WAS		REC D BY REGISTRAR	2Sb. REGISTRAR'S SIG	NATURE		
(	Jos. Hew	les s Sono Ore	4. 1756 Park	we. MeU. Di	ATE HOY 2 8 '60	Christus 1.	Torres.		

s after death, Page 4 ion and completely filled in by the funeral director, carban papers. Pages I and 2 should be filed with TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hr may be IXI. ned by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 or the State Board of Health prior to burial, cremation, or removal, and in any effect with 72 hours after deoth VR A18 (4) 1SM 9/59



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12993

CERTIFICATE OF DEATH

12962

2,000			Reg. Dist.	No.
1. PLACE OF DEATH  o. COUND  Trince Geo	298 MARYLAND	2. USUAL RESIDENCE (Where deceased of and	b. COUNTY	before admission) CC Geo.
b CITY OR FOWN (If outside corporate I RUBAL and give nearest lown) A Q U 3 S C O	Life.	E. CITY OR TOWN (If outside corpora	ote limits, write RURAL and give	nearest town)
d, NAME OF HOSPITAL (If not in hospite OR INSTITUTION	, give street oddress)	d. STATET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) OLIVE	First Watson	True man de DEATH	November	5 1960
5. SEX 6. COLOR OR RAC White	WIDOWED DIVORCED	June 2, 1886	lost birthdoy) Months Do	
100. USUAL OCCUPATION (Give kind of we pyring most of working life, even if reti	sed) SeCH	Poplar Hil	untry) Md. 12. CITIZE	N OF WHAT COUNTRY
ELI Wat	504	Margare t	Truem	1dh
13 WAS DECEASEDEVER IN U. S. ARMED F		bert H. True	eman Aqu	asco, Mo
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED 8 IMMEDIATE CAUSE	( ( )	e the		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	to Vener	The water town	nall	- 1
gove rise to immediate couse (a), stating the under-lying couse lost.	10 an	Pro-		year.
PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 16	PERFORMED?
200. ACCIDENT WAS UNDERLYING OF OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or Port	II of item 18.)	
20c. TIME OF INJURY Month, Day, Hour e. n. p. m.	White Notwhile fo	ACE OF INJURY (Home, farm, 20f. (City of ctory, street, office bldg., etc.)	or town) (Cour	nty) (Stote)
21. I certify that I attended to	1	n accurred at 4:00 M, from	the causes and on the	t saw the deceased
ACTUAL SIGNATURE > 7	( alan	, ,	eet, city or town, state)	PATE SIGNED
PHYSICIAN'S NAME (Type)		, 7		
BLC 7 7 1 NOV.	1960 Imman	1 11 11 17	ON (City, town, or county)	Md.
Hun to funeral director's signature	AL Home Waldor	f Md. 240. REC'D BY REGISTR	0 10	ATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth: Page 4 may be need by the hospital or alterding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages 1 and 2 should be filed with the registrar prior to burial, cremotion, or removal, and in any event within 72 hours office debth.

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad. If institution; Residence before admission) director, Page or your files. a. COUNTY a. STATE b. COUNTY Prince Georges County MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give represt town) write RURAL and give nearest town Washington Cnillum d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 5926 4020 8th Raggs Road Street N. E. 3. NAME OF Middia DATE Month DECEASED OF the (Type or print) DEATH 2, and 2 and 2 and 2 and 2 with the 72 hours after RANDOLPH November 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. 8. DATE OF BIRTH 19. AGE (In years of UNDER 1 YEAR last bulbday) Months Male WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE [State or foreign country] 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, even if retired) pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8. Give form PM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address with for (If yes giva war or datas of service) in Item 1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). رگري PART .. DEATH WAS CAUSED BY: Office alon burial-traff IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave risa to immediate cause п DUE TO word 'pen (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOPSY should be ial, cremati 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18). PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. writing to Chief I spage 3 s 20c, TIME OF INJURY Month, Day, Yaar 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. the St. at work at work the certificate, Pri. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [X]. Inquiry D. 0 CTO death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner forwarde L DIREC CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL D ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NER'S JAMES I. BOYD, M.D NAME (Type) Address (Street, city, town, or county) DEF 6986 22a, BURIAL, CREMATION, 1 22b, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Spacify) tery Bladensburg, Maryland
24s. RC'D BY REGISTRAR; 24b. REGISTRAR'S SIGNATURE O 240 g Burial 1960 Fort Cemetery 23. FUNERAL DIRECTOR

Riverdale, Md.

W. CHAMBERS CO..

None

Days

(County)

arthur & House

NOV 2 8 '60

e. IS RES DENCE ON A FARM?

YES NO Y

1960

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO G

(Stata)

and in my opinion

DATE SIGNED

(State)

Yaar

VS. A15ME 5M 7/59



MARYLAND

c. LENGTH OF STAY IN 16

3

2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission)
a. STATE
b. COUNTY
f. f.

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

PLACE OF DEATH. o. COUNTY

TINCE

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest tawn)

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after death. Page 4

the funeral director, in by the funeral direct and 2 should be filled and campletely filled ban papers. Pages 1 TO HOSPIT OR ATTIMISING ENYSICIAN: The law requirm that the death certificate be executed within 24 may be refuned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ATTEMNING EHYSICIAN: The law requires that the death certificate be executed within 24 VR A1\$ [4] 15M 9/59

		G ACTION OF THE PROPERTY OF TH						
	-	d. NAME OF HOSPITAL (If not in hospita, give street address) OR INSTITUTION 3 1 papers and 7766	d STREET ADDRES	fatet i	rich O	1	e IS RES	FARM?
	[	NAME OF DECEASED First Middle (Type or print)	1'as/11's	4. DATE OF DEATH	N/oi	1 10	)	Year 19 (a ()
	\$. S	SEX  11/4 6. COLOR OR RACE  7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH 1/7/1894		9. AGE (In years lost b phdoy) 60 yrs.	Months Day		Min
		b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: during most of working life, even if relifed)  Retired(Worked in Cafeteria)	tal Laty		ountry)	La:	of whate	OUNTRY?
		Andrea Vasilis	Karli	na Bron	nulds			
			rs. Marta	Vasil	Ls-34 La	kesid (	Dri Md	.ve
IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under lying cause lost.  (c)								
	CERTIFICATION	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BYT  COLOR COLOR DESCRIBE HOW INJURY OCCURRE	is atlan	9		EN IN PART 1(o	19 WAS PERFO YES	DRMED?
	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ctory, street, office bldg	form,   20f. (Cit		(Coun	<sup>1</sup> y)	(Stole)
		21 I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 5.25 HM 1946, and that a 220 SIGNATURE	ATTENDING A	19/490_ 53 XM, from DIRECTOR D	the causes an	_ , 19 1/4 d an the do	te stated	
		PHYSICIAN'S/William C.Weintraub	22d. ADDRESS	Parkwa	y,Green	belt, M	aryla	and
		BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OF BUT 13 1 1/12/60 RockCreek ( FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery		TION (City, town, or ington	D C	(Sta	re)
		The S.H. Hines Co. 2901 14th St. N. Washington 9.D.	W	40V 1 4 '60		ws & the		



CERTIFICATE OF DEATH

(14)					
PLACE OF DEATH COUNTY Prince George	MARYLAND	2 USUAL RESIDENCE (WHO o. STATE Mary	and the same of th	stitution Residence   Prob George	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c LENGTH OF STAY IN 15		outside corporate (mils, w	rite RURAL and give	nearest town)
Cheverly	6 Weeks	Riverdal	e		
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince George General	LHospital	6702 Pat	terson St		YES NO K
NAME OF DECEASED (Type or print) Rlanche	Middle	Vetter	4. DATE OF NOV	Month 28	Doy Yes O
5 SEX 6. COLOR OR RACE 7 MAR WIDOW		June 5, 189	9. AGE (In lost birth		EAR IF UNDER 24 HRS
10a USUA, OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZE	OF WHAT COUNTRY
during most of working life, even if relired)  Clark	partment Store	New '	York	U	s A
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
George Reeder		May Butle	r		
IS WAS DECEASED EVER IN J S ARMED FORCES? 16	SOCIAL SECURITY NO 17. IN	NFORMANT		Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	H	ospital reco	rds Cheve	erly Md.	
18. CAUSE OF DEATH [Enter only one couse per I	ine for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	remia				Months
THO Y DUE TO					
Canditions, Pany, which ) (b) H	ypertensive Art	teriosclerotio	c Cardiovaso	ular-	
gave rise to immediate (	Rena	al disease			Years
couse (a), stoling the under-					_
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART I	19 WAS AUTOPSY PERFORMED? YEST NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Part I ar Part II of item 1	В)	
Hour a.m. While	t-	ACE OF INJURY (Hame, form clary, street, affice bldg., etc		(Cou	nty) (State
21 I certify that (I) (this haspital) atten	ded the deceased from	1/w : 2, 3 10	V. to Nov.	28 1960	, that (I) (we) las
saw the deceased alive an		leath accurred a3:3			
220. SIGNATURE	be did not to	Jedin decorded dr	m, man me cause	es una un me a	22b.DATE
11:0.710	with it	M D PHYS D	ED. STAFF		SIGNE
NAME (TYPE) Weintraub; M.	D.	Greenbelt	, Md.		
23a BURIA, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, I	lown, or county)	(Stote)
Burial 12/1/60	Ft. Lincoln	Cemetery	Colmar Mane	or	Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGN	ATURE
F. Gasch's Sons Hy	rattsville, Md.	DATE	E2 1 .00	Circling 2. 1	traile

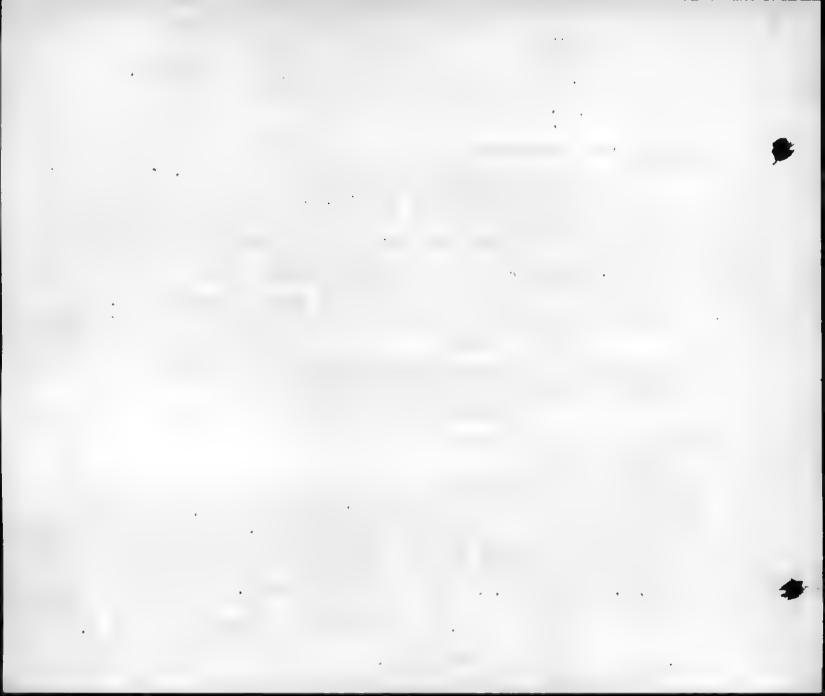
TO HOSPITATENDING FIRM ATTENDING FIRM STATEMENT The law requires that the Heath cant frate bill eximited within 2 hours after death. Page 4 may be rect, and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been a goed by the ottending physician and completely fulled ... by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Hages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any everywhein 72 hours after death

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VR A15 (4) 15M 9/59



12944 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY o STATE **b.** COUNTY CORO b CITY OR TOWN (If outside corporate imits, write) E. LENGTH OF STAY IN 16 c., CITY OR TOWN (If outside, corporate limits, write RURAL and give nearest town) RURAL and givernearest fown). heverely d NAME OF HOSPITAL (If not in hospitor, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES 🗍 NO 🔀 SPORGE RINCE Middle Yeor DECEASED ORA DEATH 19 60 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost birthdoy) S SEX Months WIDOWED [7] DIVORCED TY July 29 12 CITIZEN OF WHAT COUNTRY? 10g USUAL O'CCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) USA Va Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Whetzel Emma Ji Smithanhy 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address 16. SOCIAL SECURITY NO Betty Biggs Murphy Seabrook Acres Md. no none 18 CAUSE Of DEATH [Enter only one couse per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERTIFICATION PART II. OTHER'S GNIFICANT CONDITIONS CONTRIB PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d NURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m Not while While of work at work 19 60 that (I) (wet last 21 I certify that (1) (this-hospital) attended the deceased from COT 19.6 , and that death accurred at 7 AM, from the causes and an the date stated above saw the deceased alive an 220 SIGNATUR 22b DATE SIGNED ATTENDING MED. MD 22d ADDRESS 22c PHYS CIÁN'S NAME (Type) Francis X Carbillo 23a BUR AL CREMATION 23b DATE THEREOF Nov 28, 1960 Bergton Lutheran Cemetery Bergton Virginia REMOVAL (Specify) Burial 2So. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. DATE NOV 2 9 '60 Chillian & House

papers g pou ő 5 remove ffending edse ELHI detoched i may be refund by the h > FUNERAL DIRECTOR: A boge 3 should be de-

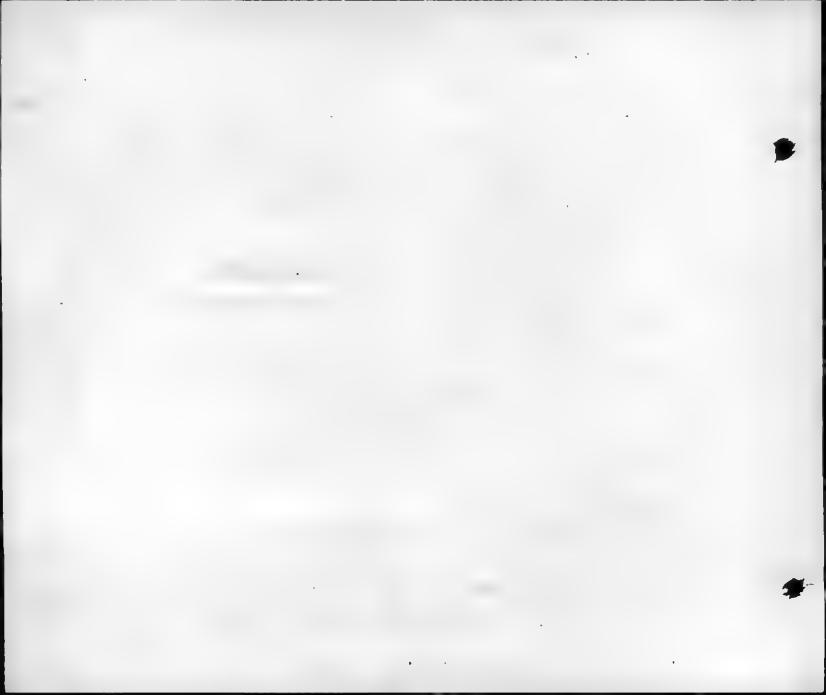
director

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Pages

death. neral

0 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12893 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 12966

	PLACE OF DEATH				NCE (Where deceased li	ved If institution: Resident	e before admission)
М.	PRINC	E GEORG	ES MARYLAND	a STATE	a,	b. COUNTY ARLI	NATON
4	b. CITY OR TOWN (If outsi	de corporate limits, well	c. LENGTH OF STAY IN 16	c CITY OR TO	WN (If outside carporal	e limits, write RURAL and g	ive fearest town)
1	YATTSVILLE		IMONTH	ARL	INGTON		de de
	OR INSTITUTION	nat in haspital, give stre	rel oddress)	d STREET ADD	DRESS //	n 1 1	e. IS RESIDENCE ON A FARM?
H	VATISVILLE	NURSING	HOME	2629	WASh,	BLVa,	YES NO
3	NAME OF DECEASED	First	Middle	Losi	4. DATE OF	Month	Doy Year
	(Type or print)	RENCE	W,	WARC	DEATH DEATH	11	21 1960
5 :	6. C	OLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	0110 9.	The second secon	I YEAR IF UNDER 24 HRS.
	/	WIDO	WED DIVORCED	8/17 -	1868	72 yrs. Months	Days Hours Min
100	USUAL OCCUPATION (G		NO KIND OF BUSINESS OR INDU	STRY 1 BIRTHPLAC	E (State or foreign cour	itry) 12. CIT	IZEN OF WHAT COUNTRYS
	CHRPRNTE	R	Builder	Augu	sta, Maine	e (	人, >,
13.	FATHER'S NAME			14 MOTHER'S M			
١	Anson Ti	llson Ward			Mary Rob	bins	
15.	WAS DECEASED EVER IN U	J. S. ARMED FORCES?	6 SOCIAL SECURITY NO 17 1	NFORMANT		Address	
Ĺ			579-12-7334	Clarence	W. Ward,	Sr. Hillea	h, Fla.
	18. CAUSE OF DEATH [		r line for (o), (b), and (c) }		3 /		INTERVAL BETWEEN
	PART I. DEATH W	AS CAUSED BY:	31 112 1194 1	1 . 1/	ental d	10	ONSET AND DEATH
	4-6133	DUE TO					1 '
	Conditions, if any, w	hich ) (b)					
	gove rise to immed couse (a), stating the ur	iote					
	lying cause lost.	(c)					
NO.	PAST II OTHER SIG	SNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	HETERMINAL DISEASE C	ONDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED?
CAT							YES NO
CERTIFICATION	20g ACCIDENT WAS UN	DERLYING [] 206 D	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of i	njuty in Part I or Part II	of item 18 )	
	(IF EITHER, NOTIFY MEDIC	CAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Me Hour o.m.			ACE OF INJURY (Ha	me, form, 20f (City or	town) (C	ounly) (State)
MEC	p.m.	19 Wh	ile Not while rark at work	erory, oncor, arrica a	ragi, aic.,		
	21. I certify that I	attended the dece	ased from AOV 73-	. 196 9.	to Mary 7.	19'	ast saw the deceased
	alive on	• 4	, and that death				
	4		4			of, city or town, slate)	DATE SIGNED
	ACTUAL SIGNATURE	400	· · · · · ·	M.D.	3331 33	711,16	Of ten
		11 1			, , , , , , , , , , , , , , , , , , , ,	// //	
	PHYSICIAN'S NAME (Type)	" n !!	21 1, 1, 1, 1,		-4-4-	21 6 211	
220	BURIAL, CREMATION, 2	b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	224 LOCATIO	N (City town, or county)	(State)
b	REMOVAL (Specify)	11-23-60	Glenwood Co	emetery	Wash	ington, D.C	•
23	FUNERAL DIRECTOR'S SIGN	NATURE TO THE	ADDRESS	2-	40. RECONTY REGISTRA	B . 246 REGISTRAR'S SIG	NATURE
	ves Funeral	most Ari	ngton, Va.	0	ATE	arthur of	, /conta

may be Joined by the haspital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fills by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremating, ar remayal, and in any event within 7 hours after death.

14. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 9/5\$



MARYLAND STATE DEPARTMENT OF HEALTH

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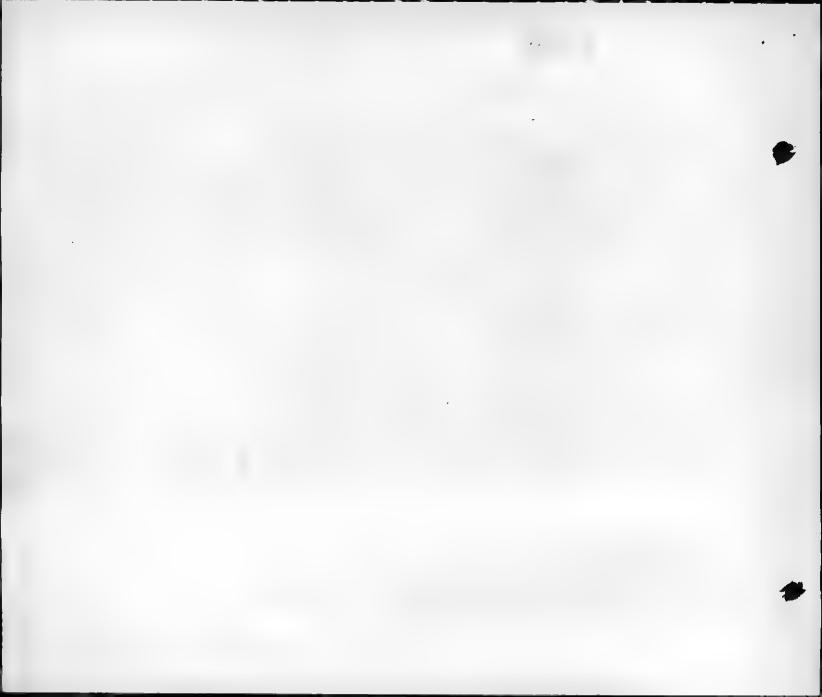
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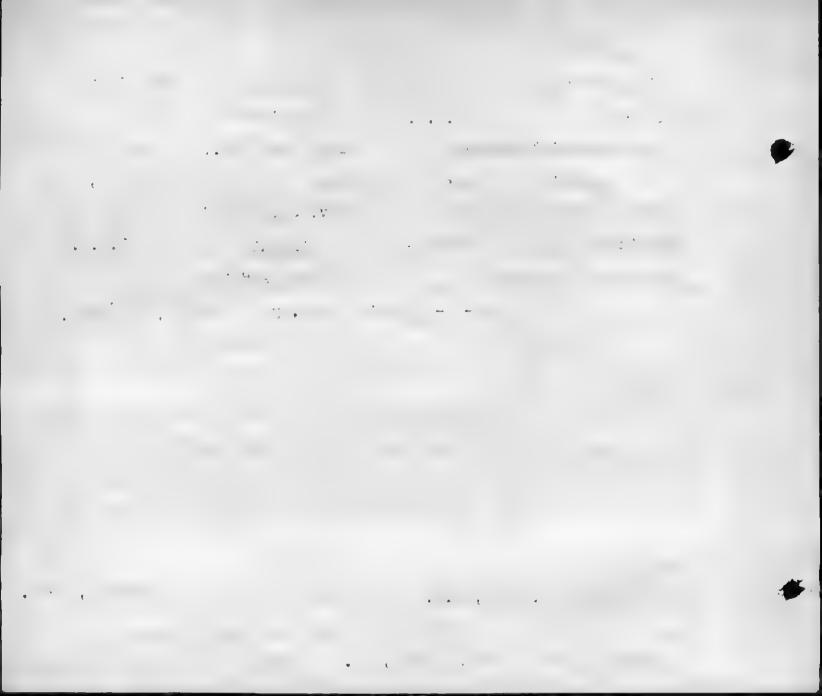
Page 4	rector,	d with	1
70 HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be 7.5 and by the haspital or attending physician  7 PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 3y the funeral director,	obs. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution: Residence o STATE b COUNTY	e before admiss an)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ive nearest town)
BRANDYWINE	LA PIATA-	
d NAME OF HOSPITAL (If hot in hospital, give street oddress) OF NSTITUTION BRANDYWING-WALDORF CLINIC	d. STREET ADDRESS	on a FARM?
3. NAME OF PIEST Middle	Lost 4. DATE Month	Day Year
(Type or print) JAMES ALEXANDER	WHEELER DEATH NON	5 196
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	1 2 2 2 3 3	Days Hours Min.
MALE NEGRO WIDOWED DIVORCED	AUG 12, 1912 48 yrs.	Days Proces Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. SIRTHPLACE (State or foreign country) 12 CITIZ	EN OF WHAT COUNTR
HIGHWAY MAINTENANCE STATE ROAD	MARYLAND	1,5,A.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ARTHUR JAMES WHEELER	ESTELLE CHASE	
(Yes, no, or unknown) [F yes, give wor or dates of service)	NFORMANT Address	
NO   220-16-1865 MI	RS. JARAH WHEELER, LAPLATA, N	1 D
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	7	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)		ONSET AND DEATH
CT Y DUE TO		
Conditions, if ony, which ) the Memeralin Ed Car	a a description	
gave rise to immediate		
lying couse lost. (c) Carcinoma	of Stomach	
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOR RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPS
3		YES NO
206 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING [] CAUSE OF DEATH [] 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING [] CAUSE OF DEATH [] 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTION [] 206	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	ACE OF INJURY (Home, form, 20f. (City or town) (Co	ounty) (Stat
Hour o. m. While Not while	ctory, street, office bldg., etc.)	(5.5.
p. m. 19 of work of work		
21 <b>I certify</b> that (I) (this haspital) attended the deceased fram.	7 18 19 60, to 11 -5 19 6	that (1) (we) la
	death accurred at 220 M, from the causes and on the	date stated abov
220 SIGNATURE	4 STEALING VA	22b DATE SIGNE
	MD PHYS DIRECTOR PHYS	5-60
22c PHYSICIAN'S NAME (Type)	22d. ADDRESS	
Richard Ho Dobsow	111 . v. v. v. 111	
230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY C	DR CREMATORY 230 LOCAT ON (City, town, or county)	(Stote)
RUP AL 11-9-60 SACRED A	YEART LAPLATA M	D
24. FUNERAL DIRECTOR'S SIGNATURE , ADDRESS	25a REC'D BY REGISTRAR 25b REGISTRAR'S SIG	NATURE
THE HUNTT FUNERAL HOME WALDONE A	NOV 1 4 IGO	Knows

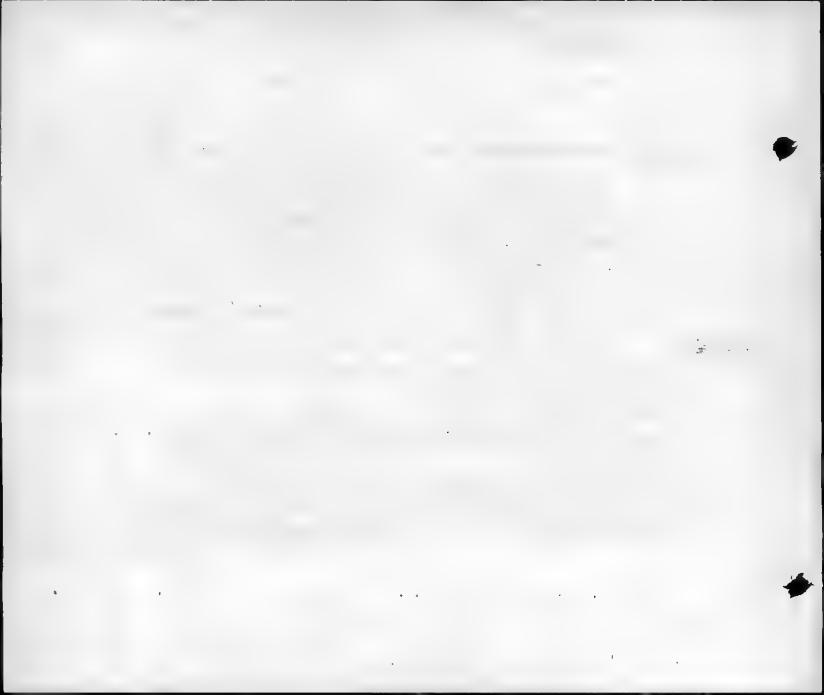


LAND STATE DEPARTMENT OF HEALTH



12946

	o. COUNTY	MARYLAND	a. STATE	b COUNTY	Residence before domission;				
	Frince Georges & Faly Land Illine George								
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write RUR	AL and give nearest town)				
	Cheverly	6 days	( Hyattsv	ille					
	d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?				
1	Prince Georges General	Hospital	4 holl L	ongfellow Stre	)				
,	3. NAME OF First	Middle	Last	4. DATE Month	Day Year				
	(Type or print) Walter	C Whi	tcraft	DEATH NOV	13 19 60				
	S SEX 6 COLOR OR RACE 7 MARRI	IED 🔂 NEVER MARRIED 🔲 B	DATE OF BIRTH	111111111111111111111111111111111111111	UNDER 1 YEAR IF UNDER 24 HRS				
1	Male White WIDOWE	D A DIVORCED	20 Feb 1892	68 yrs.	Months Days Hours Min.				
	10a. JSUAL OCCUPAT ON (Give kind of work done 10b.) during most of warking life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
		vt. Printing O	f. Virginia		U. S. A.				
Y	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	<del>'</del>				
J	Walter C. Whitcraft		Doretta I	Oremus					
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO 17 IN	ORMANT	Address	\$				
	Yes (If yes, give war or dates of service) WW 1	<b>ह</b> त	ith H. White	raft (Wife) Sam	0 20 #2				
	18. CAUSE OF DEATH [Enter only one couse per lin		TOTAL TO THE TABLE	rate (witter batt	INTERVAL BETWEEN				
-	BART L OFATHAMAS CAUSED BY	LO HOURS							
	IMMEDIATE CAUSE (6) DITOC	IMMEDIATE CAUSE (O) DATA PLANTA COLOR							
	*	48 hours							
	gave rise to immediate								
	couse (o), stating the under. DUE TO	48 hours							
	lying couse lost. (c) Ruptured Duodenal Ulcer 48 hours  Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY								
	Multiple old myocardial infarcts secondary to Coronary Arterioscl. HT. USYES NO								
	206 ACCIDENT WAS LINDERLYING I'L 206 DESC	206 ACCIDENT WAS LINDERLYING FT 206 DESCRIBE HOW INJURY OCCURRED (Fater polyre of injury in Port Lar P							
		fort	E OF INJURY (Home, form, try, street, office bldg , etc.		(Caunty) (State)				
	Hour a.m., While Not while of work at work at work								
	21 I certify that (I) (this haspital) attended the deceased fram. NN. 1947, ta NN. 13 1960 that (I) (we) last								
	saw the deceased alive an Nav /	saw the deceased alive an Nov 15 19 00, and that death occurred \$555 MM from the causes and an the date stated above.							
	226 SUGNATURE 226 DAT								
	1 Resett un	C. A. C.	D PHYS DI	FD STAFF RECTOR PHYS.	SIGNED				
	22c PHYS CIAN'S NAME (Type)								
	Dr. Ronald S Fle	ischer M.D.	5433 Que	ens Chapel Rd.	Hyattsville., Mo				
	230 BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, town, or o	county) (State)				
	Burral (Specify) 11/16/60	Arlington N	ational	Arlington,	Va.				
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I		RAR'S SIGNATURE				
	F. Gasch's Sons Hyat	tsville, Md.	DATENO\	V 17'60 and	or S. Kraus				



DIVISION OF STATISTICAL RESEARCH AND RECORDS

CERTIFICATE OF DEATH

1297

(State)

		Land Al Al									
1 (	PLACE OF DEATH O. COUNTY Prin	ce Georges		MARYL	AND	2. USUAL RESIDENCE D. STATE	(Where deced	sed lived if institu b. COUNT		before oc	(miss100)
	RURAL and give ne Blenn Dale	(rural)		2 yrs., a	nd	c CITY OR TOWN	(If outside con ashing	•	RURAL and go	ve neares!	fawn'
	OR INSTITUTION	At (if not in hospital, g nn Da <b>le</b> Hos				d. STREET ADDRES		e St., N.	E.	0	RESIDENCE IN A FARM?
	NAME OF DECEASED (Type or print)	Fin Will:		Middle W.		White	4. DATI OF DEA	****	onth 11	Doy 21	Year 19 60
	sex Male	6 COLOR OR RACE Negro	7. MARI	RIED NEVER MARRIER ED DIVORCED	_	3/10/1900		9 AGE (In year lost birthday) 60 yr	Months		INDER 24 HR
10a		N (Give kind of work o ing life, even if retired		KIND OF BUSINESS OR C. Sanitati		· ·		irginia		SA	AT COUNTRY
13	Thomas Wh	ite				Jennie					
		R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	36-9082	1	Decedent			ldress m		
				ne for (o), (b), and (c).] Lmonary tube	ercu	losis, far	advanc	ed		INTERVA ONSET	ND DEATH
	Conditions, if as gave rise to it couse (a), stating lying cause last.	nmediate (									
CERTIFICATION	Carcinoma 10/28/60: 200 ACC DENT WA	cor pulmo	nale	CRIBE HOW INJURY OF					VEN IN PART	1(a) 19. W	VAS AUTOPS ERFORMED?
MEDICAL C		Y Month, Day, Yes	While			ACE OF INJURY (Home, stary, street, office bldg.		lity or town)	(C	aunty)	(State
	21 I certify tha	t (I) (this haspital ed alve on 11/		ded the deceased f			19.58 , to	,			(I) (we) las
	220 SIGNATURE	Ulreli	Ru			ATTENDING PHYS	MED	STAFF		11/	226 DATE SIGNED

19002

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burnol-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or remayol, and in any sent whim 72 haurs after death

22c. PHYSICIAN'S

230 BURIAL CREMATION, REMOVAL Specify

NAME (Type)

director,

funeral

requiring that the death certificate be executed with

F ed

and 2 should be

23c NAME OF CEMETERY OF BREMATER 11.26.60/WOODLAWN

Moe Weiss, M. D.

22d. ADDRESS

Glenn Dale, Md. 23d LOCATION (City town, or county)

Glenn Dale Hospital

WASHINGTON, D.C.

25b, REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR NOV 2 8 '60 arthur & Henry

VR A15 (4) 15M E/59



12020 **CERTIFICATE OF DEATH** 

	0	45	)Lifty	195
7	2	U	1	200
- k	Fred	+ T		1

4 321 3	Reg. Dist. No.
and the state of t	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
director	a COUNTY D. STATE D. COUNTY
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
death.	RURAL and give nearest town)
p P P P P P P P P P P P P P P P P P P P	Edmonston 20 Years Edmonston
at a st	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  e. IS RESIDENCE ON A FARM?
* > ~ (* b)	4924 Lafavette Place 4924 Lafavette Place YES NO DE
o o o	3. NAME OF First Middle Last 4. DATE Month Day Year
n 2# Hilled Jes 1	DECEASED
g E ë	
P. P	last birthday) Manths Days Haurs Min
Ple d	T CHICAGO NATIONAL PROPERTY OF THE PROPERTY OF
the second	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ded ded	CURRENCY TRIMMER Bureau of Engraving MARYLAND U.S.A.
ond report	13 FATHER'S NAME 1 14 MOTHER'S MAIDEN NAME
Sicion Sicion	JAMES AUBREY Dove Margaret Mary Birch
257 304 44	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT
Service Physical Phys	
th ding	THE CONTRACT OF THE CONTRACT O
death trendir please vithin	IB CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c) ]  ONSET AND DEATH
an at	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis
# 독특 *	OUE TO
품 정도 첫	Conditions, if ony, which ) (b)
ires hed erm	gave rise to immediate thus vo
D G .=	couse (a), stating the <u>under-</u>     lying cause last.     (c)
Cro	
hysi Fred val,	PERFORMED?
The base	
2000	200 ACCIDENT WAS UNDERLYING  200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CHARGE OF MEDICAL EXAMINER)
The Property of the Property o	
ST TO THE TOTAL OF	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or lawn) (County) (State)
E S S E	Haur e.m.  While Not while factory, street, affice bldg., etc.)  p. m. 19 at work at work
O in the part of t	
Afte de la contraction de la c	21. I certify that I attended the deceased from May 20 , 1957, to Nov. 18 , 1960 that I last saw the deceased
Poc Ser Pin	alive on November 18, 1960., and that death accurred at 10: 40 M? from the causes and an the date stated above.
F 25 45	ADDRESS (Street, city or town, stote) Md. DATE SIGNED
2, 2, 2, 5 2, 2, 2, 5	signature William C) A sale / / / Mo 5701 85th Ave. Carrollton./11/18/60.
A Section 1	and the same of th
Pho ph	NAME (Type) WILLIAM D. ROSSON, M.D. 5701 55th Ave., Carrollton, Maryland.
HOSPI oy be FUNER oge 3 s	22a BUR AL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) [State]
D HOSP may be poge 3 the regi	BURIAL NOV. 22, 1960 ARLINGTON NATIONAL ARLINGTON, VIRGINIA
O E O WE	2) EINERAL DIRECTOR'S SIGNATURE ADDRESS
VS A15 (4)	NOV 2 3 '60   7 1/2 2 1/4 14
15M 9/55	W. W. CHAMBERS CO., Riverdale, Md DATE NOV 2 3 00

s after death. Page 4



		L CONTO	TIE OF DEATH	16016
	1.	PLACE OF DEATH COUNTY PRINCE GEORGE'S MARYLAND	2. USUAL RESIDENCE (Where deceased I ved. If institution Residence a. STATE STRICT OF COUNTY	befare admission)
^	0	CITY OR TOWN (If outs de corporate limits, write RURA, and give negrest town)  AMP SPRINGS	C. CITY OR TOWN (If outside corporate limits, write RURAL and give WASHINGTON 20, 0, C	ve necrest lown)
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION USAF HOSPITAL ANDREWS	d. STREET ADDRESS 1438 ALABAMA AVE, S.E.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First Middle (Type or print) QUESTIN DERMONT	OMACK 4. DATE November	2 4 1960
	5. 5	MALE   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   MIDOWED   DIVORCED		YEAR IF UNDER 24 HRS Days Hours Min
		during most of work of life, even if retired)  NA  ONE	USTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZE	EN OF WHAT COUNTRY
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	_	WARREN Q WOMACK	YTURPHY	
		rs. no or unknown) (if yes, give war or dates of service)	NARREN Q WOLAUK (FATIER) SAME AS	IIII 2
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	4	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PREMATO	DRITY	31 HOURS
		Conditions, if any, which gave rise to immediate cause (a), stating the <u>under</u> DUE TO lying couse lost.		
ch,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
* *		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part t or Port It of Hem 18.)	
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e Pl While Not while of wark of wark	LACE OF INJURY (Hame, form, 20f (City or town) (Co actary, street, affice bldg., etc.)	ounty) (State
Sa .		21 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an NOV-4 1960, and that	Nov 2 1960, to Nov. 4 1960 death accurred at AM, from the causes and an the	that (1) (we) las
		220 SIGNATURE R. Walahunty	ATTENDING . MED STAFF	NOU. 4, 196
		22c Pyresician's MARE (Type) JOHN R DELANTINITY. CAPT TOAF (	22d. ADDRESS 10) USAF HOSP ANDREWS, ANDRE IS A	FB, LAST 25
	230	BURIAL CREMATION 236, DATE THEREOF 236 NAME OF CEMETERY CONTROL (Specify) BURIAL 11-9-60 ARLINGTON NA	OR CREMATORY 23d LOCAT ON [City, town, or county] ATTONAL ARLENGTON VA.	(State)
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIGN	NATURE
	8	B.F. TAYLOR R 1. TALL 909 6TH ST. N. W.	D.C. DATE NOV 9 '60 arthur 8. 1	trave

may be retained by the haspital or attending physician.

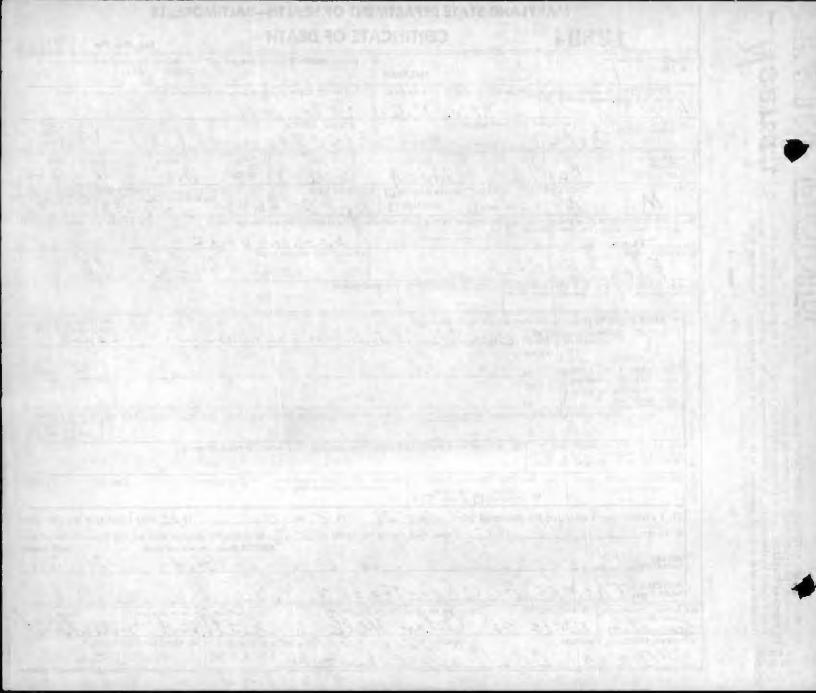
TO SECTION ALONG COMMISSION OF THE FUND OF TH OR ATTENDING EHYTICIAM: The law requires that the death certificate be executed within 24 hy TO HOSPITZ VR A15 (4)

lians

205019



OR



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

4	0	13	pathy	-
	2	u	1	6 %
- 1	6	4 T	-	0.1

4			12990	CERTIFICA	TE OF DEATH		10000
. Page .		1. 9	COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (WI	OF COLUMBIA	Residence before admission)
funeral uld be fi	1	t	CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)		128	outside corporate limits, write RUR	RAL and give nearest town)
after the fu	250	•	ANDREWS ATR FORCE E. NAME OF HOSPITAL (If not in hospital, give or institution	e street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
D P			USAF HOSP ANDREWS,		3712 WEL	T -	YES NO 🔯
illed i		(	IAME OF First DECEASED Type or print)  NELSC	Middle THOMAS	WRIGHT	4. DATE Month OF DEATH NOVEMBER	Pay Year R. 8 19 60
Page dec		S. S	EX 6. COLOR OR RACE	MARRIED NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F UNDER 1 YEAR IF UNDER 24 HRS.
plete			MALE CAUCASIAN	WIDOWED TO DIVORCED	AUGUST 11. 18	883 77 yrs.	Months Days Hours Min.
comp pape aurs o		10a.	USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
5 0 5	,		RET ARMY 1ST LT		MASSACHU	SETTS	UNITED STATES
ian an carba	-	13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
rificate h physician emave car int within			EDWARD A. WRIGHT		MARGUI	RITE CASSIDY	
certificat ng physici remave event with		[Yes	WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give war or dates of sen) (ES)  1916-19 42-4	rice)	EDWARD N WRIC	GHT (SON) SAME	
endi endi leas any			18. CAUSE OF DEATH [Enter only one cour	se per line for (o), (b), and (c).			INTERVAL BETWEEN
afte d			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	RUPTURED ABDOMI	NAL ANEURYSM		12 HOURS
the the The			DUE TO				
s the			Conditions, if ony, which ) (b)_	1			
gned			gove rise to immediate DUE TO	1			
req ign. in sil		_	lying couse lost. (c)		C		
physic physic ias barrial-trai		CATION	PART II. OTHER SIGNIFICANT COND	ITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	N IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YEST NO
AN: Ti ending ficate h fhe bur il, crem	1	CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of item 18.)	
PHYSIC al ar all this certi r use as		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED  While Not while of work O work	LACE OF INJURY (Home, farm sclory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
NG Spit ter d fa			21. I certify that (I) (this haspital)	attended the deceased frant	3/30 8 NOV 19	60,10 0210 NOV	1, 1960, that (1) (we) last
ND e ho	1		saw the deceased alive an 81	160 1960 and that	death accurred at 2	M, from the causes and	on the date stated above.
ATTE d by th ECTOR			modrew W.	Butchho	ATTENDING M	STAFF	22b. DATE SIGNED 8 NOV 60
NL DIR ould b	-		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		0_2101_00
235				HKO CAPT USAF (MC	USAF HOS	P ANDREWS, ANDREW	IS AFB, WASH 25, DO
HOSP TONE FUNE Oge 3		23a.	BURIAL, CREMATION, 236, DATE THEREOF REMOVAL, (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d DOCATION (City, town, of	gounty) (State)
5 5 5 F		24	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	25g. REC	D BY REGISTRAR 256, REGIST	RAR'S SIGNATURE
VR A1S (4) 15M 9/59		15	INHAD! TONERDL HOR	1E INC. 816 H J	N.E. DATE NO	0V 19 '60 Class	Lug & Hrand
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